

education in the State of Maryland, and 1 of the 10 oldest in the United States;

Whereas in 1864 the Baltimore Association began fundraising to open and support schools for African-Americans, and established 7 schools, the second of which, known as the "Normal School" (referred to in this preamble as the "School"), was the forerunner of Bowie State University;

Whereas the School began by educating approximately 370 students in the African Baptist Church in the Crane's Building on the northeast corner of Calvert and Saratoga Streets in Baltimore, Maryland;

Whereas in 1867 the School purchased the Friends' Meeting House at the corner of Courtland and Saratoga Streets in Baltimore, Maryland, to use for the School;

Whereas during the earliest years of the School, the school received financial support from the City Council of Baltimore, the Freedmen's Bureau, several northern relief societies, and the estate of Nelson Wells;

Whereas in 1893 the name of the School was changed to the "Baltimore Colored Normal School";

Whereas in 1908 the General Assembly of Maryland approved legislation that allowed the trustees of the School to donate assets of the trustees to the State of Maryland in return for a \$5,000 annual appropriation to maintain a permanent normal school for the training of black teachers;

Whereas in 1908 the General Assembly of Maryland changed the name of the School to "Baltimore Normal School No. 3";

Whereas in 1910 the State of Maryland purchased 187 acres of land formerly known as "Jericho Farms" to relocate the School;

Whereas in September 1911 the new location of the School opened with 50 students enrolled;

Whereas in 1935 the School began operating as a 4-year program for training elementary school teachers and was renamed the "Maryland Teachers College at Bowie";

Whereas in 1954, when the National Council for Accreditation of Teacher Education was formed, the education program of the School was among the first to receive national accreditation and that distinction has been continuously reaffirmed;

Whereas in 1963 the School began a liberal arts and teacher training program for secondary education and the institution was renamed "Bowie State College";

Whereas in 1988 the School, which offered several master's degree programs, joined the University System of Maryland and was finally renamed "Bowie State University";

Whereas in 1995 Bowie State University became 1 of only 6 Model Institutions for Excellence in science, engineering, and mathematics in the United States with support from the National Aeronautics and Space Administration;

Whereas as of January 2015, Bowie State University serves approximately 5,600 students annually with challenging and rewarding academic programs and individual support to prepare attendees with the skills needed to compete and succeed in a changing world;

Whereas Bowie State University was listed as 1 of "America's Top Colleges" by Forbes magazine from 2011 to 2013, and ranked among the top 25 historically black colleges and universities by U.S. News & World Report;

Whereas Bowie State University has been recognized as a leader in training African-American professionals in the science, technology, engineering, and mathematics ("STEM") fields;

Whereas Bowie State University was named a National Center for Academic Excellence in Information Assurance Education

by the National Security Agency and the Department of Homeland Security; and

Whereas Bowie State University continues to be committed to enhancing academic opportunities for students at the university, many of whom may be the first in their families attending college, and producing graduates who better strengthen the entire State of Maryland and the modern technology-driven economy of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates Bowie State University on the 150th anniversary of the founding of the university;

(2) recognizes the achievements of all the administrators, professors, students, and various staff who have contributed to the success of Bowie State University; and

(3) respectfully requests that the Secretary of the Senate transmit an enrolled copy of this resolution to—

(A) the president of Bowie State University; and

(B) the provost and vice president for academic affairs.

SENATE RESOLUTION 25—COMMEMORATING 50 YEARS SINCE THE CREATION OF THE MEDICARE AND MEDICAID PROGRAMS

Mr. WYDEN (for himself, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. BOOKER, Mrs. BOXER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. CASEY, Mr. COONS, Mr. DONNELLY, Mr. DURBIN, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Mr. HEINRICH, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINE, Mr. KING, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MARKEY, Mrs. MCCASKILL, Mr. MENENDEZ, Mr. MERKLEY, Ms. MIKULSKI, Mr. MURPHY, Mrs. MURRAY, Mr. NELSON, Mr. PETERS, Mr. REED of Rhode Island, Mr. REID of Nevada, Mr. SANDERS, Mr. SCHATZ, Mr. SCHUMER, Mrs. SHAHEEN, Ms. STABENOW, Mr. TESTER, Mr. UDALL, Mr. WARNER, Ms. WARREN, Mr. WHITEHOUSE, Mr. BENNET, and Mr. MANCHIN) submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 25

Whereas on January 7, 1965, President Lyndon B. Johnson called on Congress to provide health insurance for the elderly and most vulnerable;

Whereas over the past 50 years, Congress has strengthened Medicare and Medicaid with improvements to, and expansion of, health care benefits;

Whereas today, as a result of President Johnson's call to action and Congress' bipartisan initiative that created the Medicare program, 54,000,000 seniors and people with disabilities have access to guaranteed health care benefits;

Whereas today, 68,000,000 Americans, including children, pregnant women, individuals with disabilities, elderly who are poor and frail, and low income adults and parents have access to health care through Medicaid;

Whereas Medicare and Medicaid have been leaders in improving the quality of care delivered to the Nation, resulting in 1,300,000 fewer infections, accidents or other adverse events and avoiding 150,000 unnecessary hospital readmissions;

Whereas Medicare has been an innovator in developing alternative ways to pay for health care that emphasize care coordination across all health care providers and settings;

Whereas Medicare provides access to needed care, including primary and specialty

care, free preventative services, and prescription drugs;

Whereas the creation of a prescription drug benefit in 2003 has ensured that nearly 90 percent of Medicare beneficiaries have prescription drug coverage, and since 2010, over 8,200,000 seniors have saved more than \$11,500,000,000 on their prescription drugs as a result of closing the Medicare Part D coverage gap;

Whereas in 2013, an estimated 37,200,000 people with Medicare took advantage of at least one preventative service with no cost sharing;

Whereas Medicaid is a critical source of comprehensive, affordable health coverage for millions of otherwise uninsured low-income adults and parents, including millions of nonelderly low income adults in states that expanded their Medicaid programs as part of health reform;

Whereas Medicaid ensures access to long-term services and supports for vulnerable low income seniors and persons with disabilities by covering 60 percent of nursing home residents, picking up 40 percent of the Nation's long-term care costs, and allowing loved ones to live with health and dignity in their own homes and communities;

Whereas Medicaid provides early comprehensive childhood screening, diagnosis, and treatment for 32,000,000 of the Nation's children, including half of all low-income children; and

Whereas Medicaid provides crucial services for pregnant women and babies in that Medicaid covers 45 percent of births nationwide, 53 percent of hospital stays for infants born prematurely or with a low birth weight, and 45 percent of hospital stays for infants with birth defects: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) all efforts to improve Medicare and Medicaid must support and build upon President Johnson's vision "to assure the availability of and accessibility to the best healthcare to all Americans, regardless of age or geography or economic status";

(2) Medicare's guaranteed benefit is a lifeline to millions of Americans and must remain intact for this and future generations;

(3) Medicare should not be transformed into a voucher program, leaving seniors and people with disabilities vulnerable to higher out-of-pocket costs;

(4) with the strong support of the Federal Government, Medicaid continues to serve as a safety net for vulnerable children, pregnant women, persons with disabilities, elderly who are poor and frail, and other low income adults; and

(5) Medicaid should not be dismantled through block grants, per-capita caps, or by other policies that slash funding, shift cost to states, reduce benefits, and erode the safety net relied on by over 68,000,000 Americans.

Mr. WYDEN. Mr. President, I rise to highlight a Presidential message that was delivered to Congress 50 years ago today.

But before I reiterate the importance of Medicare and Medicaid—facts that I think my colleagues and I can all agree to I would like to look back at where we have been, to recall what life was like for so many people who were poor and disabled, uninsured or unlucky before these vital safety net programs were here.

Those were the days of the "poor farm" and the "almshouse," places the poor and uninsured would go for care. It wasn't a happy choice and more often than not, it was the only choice.

These places provided care, often rudimentary, and often carried a stigma. Accommodations were sparse at best. In return for health care and housing, residents were expected to work in the adjoining farm or do housework or other menial labor to offset the cost of their stay.

This was the primary option for someone whose extended family couldn't provide help or didn't want to—right here in the USA. Few Americans today remember those days.

When President Johnson submitted his message to Congress 50 years ago today, fewer than half of America's elderly even had health insurance. In that era, and it wasn't that long ago, it wasn't uncommon for the sick elderly to be treated like second class citizens, and as a result, many aging Americans without family to care for them ended up destitute, without necessary health care, or on the street.

It was a time no one wants to revisit, a time that one sociologist said was "another America" where "40 to 50 million citizens were poor, who lacked adequate medical care, and who were 'socially invisible' to the majority of the population."

It is worth remembering how far we have come. Today, I ask my colleagues to use this anniversary as a vivid reminder of the difference Medicare and Medicaid make in the daily lives of Americans, and also the health care advances that have occurred as a result.

A couple facts to highlight for my colleagues:

Today, with rock-solid essential health services, 54 million Americans—nearly every senior and person with disabilities—has access to Medicare's guarantee.

Meanwhile, Medicaid has made a critical difference for 68 million of the Nation's most vulnerable, including more than 32 million children, 6 million seniors, and 10 million persons with disabilities. Because Medicare and Medicaid made health care possible for millions of people, they have also been the catalyst for innovations in treatment that benefit people of all ages. Here's one example:

In the first 30 years of Medicare alone, deaths from heart disease dropped by a third for people over age 65. By providing coverage and access for millions, these programs became catalysts for changes in how medicine is practiced and paid for, while finding the root causes of disease and perfecting better therapies to treat them.

As time has marched on, these programs evolved and improved, and the rest of the health care system followed.

In 1967, Early and Periodic Screening, Diagnosis, and Treatment, EPSDT, comprehensive health services benefit for all Medicaid children under age 21 was created—helping improve the health of our Nation's kids.

In 1981, home and community-based waivers were established so that states could provide services in a community setting, allowing individuals to remain

in their home for as long as possible. Every state now uses this option to facilitate better care and services to their Medicaid population.

In 1983, Medicare took one of many legs away from fee-for-service with the advent of the hospital prospective payment system, a system that pays hospitals based on a patient's illness, and how serious it was, not based solely on how much it cost to treat them. This change, once considered drastic, has become common place and accepted.

In 2003, the prescription drug coverage was added to Medicare's benefit, providing access to necessary medications for those most likely to need them. As a result of greater access to prescription drugs, beneficiaries' health have dramatically improved.

In 2010, as a result of health reform, preventive services became free to patients, prescription drugs became cheaper for those beneficiaries who fell in the donut hole, Medicare began to move away from purely volume-driven care, and onto paying for quality and value, and the life of the Medicare trust fund was extended.

Finally, in 2012, the Centers for Medicare and Medicaid began releasing loads of claims data for the public to use. Access to this information has been game-changing in understanding the cost of care and variations in the way medicine is practiced across the country.

Today, any of these examples are easy to forget because they are commonplace. But that makes them no less remarkable.

I will close by noting something else, just as striking about Medicare and Medicaid: It was a bipartisan effort. The enactment of these programs shows that Congress can craft bipartisan solutions to very complex and politically difficult problems. That's what happened in 1965 when the Senate passed the legislation creating Medicare and Medicaid by a 68-32 vote after the House approved it three months earlier on a robust 313-115.

As the 114th Congress gets underway, my colleagues and I could all take a page from President Johnson's playbook: Congress shouldn't use partisan tactics when the solutions can be bipartisan.

And there's the lesson; that despite sharp differences and partisanship, the Congress of Johnson's day was able to rise above that culture and those challenges to find agreement and make America a much better place. As this new Congress begins, I hope we can use that 50-year-old spirit to strengthen, protect and improve Medicare and Medicaid to keep the guarantee strong and ensure health care to those who need it most.

SENATE CONCURRENT RESOLUTION 2—AUTHORIZING THE USE OF EMANCIPATION HALL IN THE CAPITOL VISITOR CENTER FOR A CEREMONY TO PRESENT THE CONGRESSIONAL GOLD MEDAL TO THE FIRST SPECIAL SERVICE FORCE, IN RECOGNITION OF ITS SUPERIOR SERVICE DURING WORLD WAR II

Mr. TESTER submitted the following concurrent resolution; which was considered and agreed to:

S. CON. RES. 2

Resolved by the Senate (the House of Representatives concurring),

SECTION 1. USE OF EMANCIPATION HALL FOR CEREMONY TO PRESENT CONGRESSIONAL GOLD MEDAL TO FIRST SPECIAL SERVICE FORCE.

Emancipation Hall in the Capitol Visitor Center is authorized to be used on February 3, 2015, for a ceremony to present the Congressional Gold Medal to the First Special Service Force collectively, in recognition of its superior service during World War II. Physical preparations for the conduct of the ceremony shall be carried out in accordance with such conditions as the Architect of the Capitol may prescribe.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1. Ms. WARREN (for herself and Mr. SCHUMER) proposed an amendment to the bill H.R. 26, to extend the termination date of the Terrorism Insurance Program established under the Terrorism Risk Insurance Act of 2002, and for other purposes.

TEXT OF AMENDMENTS

SA 1. Ms. WARREN (for herself and Mr. SCHUMER) proposed an amendment to the bill H.R. 26, to extend the termination date of the Terrorism Insurance Program established under the Terrorism Risk Insurance Act of 2002, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Terrorism Risk Insurance Program Reauthorization Act of 2015".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title and table of contents.

TITLE I—EXTENSION OF TERRORISM INSURANCE PROGRAM

Sec. 101. Extension of Terrorism Insurance Program.

Sec. 102. Federal share.

Sec. 103. Program trigger.

Sec. 104. Recoupment of Federal share of compensation under the program.

Sec. 105. Certification of acts of terrorism; consultation with Secretary of Homeland Security.

Sec. 106. Technical amendments.

Sec. 107. Improving the certification process.

Sec. 108. GAO study.

Sec. 109. Membership of Board of Governors of the Federal Reserve System.

Sec. 110. Advisory Committee on Risk-Sharing Mechanisms.

Sec. 111. Reporting of terrorism insurance data.