

days then I would like an explanation to Congress and 700,000 Illinois veterans.

America was built on the sacrifices of our service members. And as a grateful nation, we are indebted to our veterans who unselfishly served to fight for the freedoms we enjoy. No veteran who has served should be left for weeks without a proper and dignified burial.

Sincerely,

MARK KIRK,
U.S. Senate.

THE ADVANCING HOPE ACT

Mr. CASEY. Mr. President, today I wish to speak about S. 1878, the Advancing Hope Act. This is a bill I introduced with the support of my Republican cosponsor, Senator JOHNNY ISAKSON. This is a bipartisan bill that brings hope to some of our most vulnerable citizens: children living with rare diseases.

Despite significant unmet medical need, private companies seldom pursue new therapies for rare diseases because it requires making an investment in products that will likely not recoup the high costs associated with their research, development, marketing, and distribution. Developing products for children is particularly challenging because of the difficulties associated with conducting clinical trials in this population.

So, several years ago, former Senator Brownback authored the Creating Hope Act with Senator SHERROD BROWN. In 2011, I became the Senate leader on this bill, which provided an incentive for drug developers to pursue therapies for rare pediatric diseases. The goal was to bring hope to the millions of American children living with a rare disease.

Provisions based on the Creating Hope Act were included in the Food and Drug Administration Safety and Innovation Act, which became law in 2012. The new FDA program established three "priority review vouchers" that would be awarded to companies who develop a new drug for a rare pediatric disease. A company that earns a voucher can then sell it to another company, which can use the voucher to speed up the FDA's review time for one of its own new drugs. Companies that earn and then sell their vouchers can use that money to fund additional drug development to treat rare pediatric diseases. So far, seven vouchers have been awarded, including on the 19th of this month.

However, the pediatric priority review program is due to expire on September 30, just days away. In fact, it would have expired in March of this year, but Congress passed an extension through the end of fiscal year 2016 as the House and Senate worked on legislation to extend and improve the program. In July of 2015, I introduced S. 1878, the Advancing Hope Act, with Senator ISAKSON, to extend the pediatric priority review program. We had extensive consideration of the bill in the Committee on Health, Education, Labor, and Pensions, which voted fa-

vorably on the Advancing Hope Act in April 2016. Thanks to an agreement we reached here in the Senate on September 21, we were able to pass S. 1878 with an extension of the program through the end of this year, which included important policy changes to the program. I would like to thank my colleagues for working with me on this agreement. I hope that we will be able to come to further agreement later this year for a longer extension to the program.

The pediatric priority review program is important for families, and a longer extension is warranted. If this program is allowed to lapse, Congress will have broken faith with these children with rare diseases.

Last year, I went to the Children's Hospital of Pittsburgh and met with the Rinaldi family. I met Jennie Rinaldi and her daughter Adelyn, who was receiving treatment at the hospital. Adelyn was born with congenital hypophosphatasia, an extremely rare bone disorder. There are only a handful of children in the world with this disease.

At the time, Adelyn was receiving an experimental therapy for her condition. That drug, Strensiq, was later approved by the FDA in October 2015, and the drug sponsor received a priority review voucher. Strensiq is the first drug to treat hypophosphatasia. There are no other options. It is now available commercially, and Adelyn continues to receive treatment.

Just imagine for a moment the uncertainty that families like the Rinaldis live with every day. We owe it to these families to give them the peace of mind in knowing that this important incentive for drug development will continue. We cannot let this program expire. I am pleased that the House passed S. 1878 yesterday, and I hope that we can continue to work in good faith on a longer-term extension before the end of the year.

We need to provide certainty for drug developers so that they can count on this incentive when deciding to invest the time and money into drugs for rare pediatric diseases. We need to provide hope for the other children like Adelyn. On behalf of these children, we must incentivize companies to take on the challenges of developing new treatments for rare pediatric diseases.

LYME AND TICK-BORNE DISEASE PREVENTION, EDUCATION, AND RESEARCH ACT OF 2015

Ms. AYOTTE. Mr. President, today I wish to speak on the importance of passing legislation to address a serious issue that impacts New Hampshire, New England, and the rest of the country each year, the issue of Lyme and other tick-borne diseases.

This fall, as the leaves begin to turn and temperatures start to drop, millions of Americans will head outdoors to hike and otherwise experience the beauty of nature. In my home State of

New Hampshire, hiking is one of the State's most popular recreational activities. New Hampshire is also among the 14 States through which the Appalachian Trail runs. Stretching from Georgia to Maine, the Appalachian Trail spans nearly 2,190 miles, and is hiked annually by 2 to 3 million people.

While our attention in the Northeast usually turns to the dangers of ticks in the spring and summer months, adult blacklegged ticks, also known as deer ticks, are still active in the fall. Approximately half of these deer ticks carry Lyme disease, and they have played a leading role in our Nation's dramatic rise in tick-borne diseases. While approximately 30,000 cases of Lyme disease are reported annually by State health departments, according to the Centers for Disease Control and Prevention CDC, the actual number of cases each year is about 300,000, making Lyme disease the most commonly reported vector-borne illness in the country. Underscoring that Lyme is no longer simply a regional problem, the CDC reports that the species of ticks that spread Lyme disease now live in 46 percent of the Nation's counties.

That is why I am continuing to urge my colleagues to join me in supporting the bipartisan Lyme and Tick-Borne Disease Prevention, Education, and Research Act, S. 1503. Working with Senator Blumenthal, I coauthored and introduced this legislation which is designed to better coordinate the Federal Government's response to Lyme and other tick-borne diseases by creating an advisory committee within the Department of Health and Human Services HHS. The committee established under our bill would be tasked with identifying best practices to combat tick-borne diseases and would be comprised of patients, advocates, researchers, medical professionals, and government officials. Our legislation would also require the HHS Secretary to coordinate efforts to strengthen disease surveillance and reporting, develop better diagnostic tools and tests, create a physician education program, establish epidemiological research objectives for Lyme and other tick-borne illnesses, and report to Congress on the progress of efforts to combat these devastating diseases.

The significant increase in cases of Lyme and other tick-borne diseases over the past decade is extremely troubling, and it demands a strong and coordinated effort at the Federal level. This critical legislation has been endorsed by nearly 100 Lyme and tick-borne disease patient groups, along with the Appalachian Trail Conservancy.

Despite the staggering statistics, the voices of those who are living and struggling with Lyme and other tick-borne diseases have not adequately been heard. Senator Blumenthal and I have put forth a commonsense, bipartisan legislative proposal that will bring greater attention to Lyme disease and give patients and their families a greater say in their care.

I ask my colleagues to cosponsor the Lyme and Tick-Borne Disease Prevention, Education, and Research Act, and I urge the Senate to follow the lead of the House by passing legislation that will help more effectively prevent, diagnosis, and treat Lyme disease.

Mr. BLUMENTHAL. Mr. President, as leaves begin to turn and temperatures begin to drop, millions of Americans will head outdoors this fall to hike. In Connecticut, hikers will flock to trails in the State's 107 parks and 32 State forests, which together account for more than 200,000 acres.

While ticks are often thought of as spring and summer pests, ticks that carry the disease are still active in the fall. According to the Centers for Disease Control and Prevention, CDC, Lyme disease is the most commonly reported vector-borne illness in the country, with more than 300,000 people becoming infected each year. The CDC also reports that the species of ticks that spread Lyme disease now live in 46 percent of the Nation's counties. The spread of Lyme disease, paired with a lack of action at the Federal level, has led tens of thousands of Americans to become infected, disrupting patients' lives and placing major emotional and financial burden on families.

With this in mind, I urge my colleagues to join me in supporting the bipartisan Lyme and Tick Borne Disease Prevention, Education, and Research Act, S. 1503. The legislation is designed to better coordinate the Federal Government's response to tick-borne diseases by creating an advisory committee within the Department of Health and Human Services, HHS, that would be tasked with identifying best practices to combat tick-borne diseases. The group would be comprised of patients, advocates, researchers, medical professionals, and government officials. The bill would also require the HHS Secretary to coordinate efforts to strengthen disease surveillance and reporting, develop better diagnostic tools and tests, create a physician-education program, establish epidemiological research objectives for Lyme and other tick-borne illnesses, and prepare regular reports to Congress on the progress of efforts to combat these devastating diseases.

The rapid rise in active Lyme and other tick-borne disease cases over the past decade demands a strong and coordinated effort at the Federal level to address the public health threat to our Nation. This critical legislation has been endorsed by hundreds of Lyme and tick-borne disease patient groups, along with the Appalachian Trail Conservancy, ATC. According to a 2014 Appalachian Trail hiker survey, 9 percent of respondents reported that they had been diagnosed with Lyme disease.

Our colleagues in the U.S. House of Representatives have already passed this critical legislation, and now it is our turn. I urge our Senate colleagues to join as cosponsors, and help pass this critical measure expeditiously. Thank you.

Mrs. GILLIBRAND. Mr. President, I rise today to speak in support of legislation to address a serious public health concern: the spread of Lyme disease and other tick-borne diseases in the United States.

In my home State of New York, there were 37,977 reported cases of Lyme disease between 2005 and 2014, one of the most heavily affected populations in the country. This disease affects hundreds of thousands of people around the Nation and is the most commonly reported vector-borne illness in the United States, with an estimated 300,000 people becoming infected each year. The species of ticks that spread Lyme disease now live in 46 percent of the Nation's counties.

If caught early, Lyme disease can be treated with antibiotics. Unfortunately, the disease can be difficult to diagnose because its symptoms mimic the symptoms of other serious diseases and because existing diagnostic tests still have many limitations. As a result, Lyme disease often goes undetected or misdiagnosed, making effective treatment of patients more difficult. Untreated Lyme disease can be debilitating and result in severe pain and suffering.

To help address this epidemic, I urge my Senate colleagues to help pass the Lyme and Tick-Borne Disease Prevention, Education, and Research Act, S. 1503. The House of Representatives approved this legislation over a year ago, and we must now come together to pass this bill in the Senate as soon as possible.

The Lyme and Tick-Borne Disease Prevention, Education, and Research Act, would coordinate Federal efforts to address Lyme and other tick-borne diseases. It would create an advisory committee within the U.S. Department of Health and Human Services, HHS, made up of patients, advocates, researchers, health care providers, and government officials tasked with identifying best practices for combatting tick-borne diseases. It would also direct the U.S. Secretary of Health and Human Services to carry out activities coordinated across agencies to improve data collection, develop better diagnostic tests, enhance prevention and public awareness activities, and support clinical research into treatments.

The prevalence of Lyme and other tick-borne disease cases in this country demands a strong and coordinated effort at the Federal level. The Lyme and Tick-Borne Disease Prevention, Education, and Research Act is a critical step toward ending this epidemic.

I strongly encourage my colleagues in the Senate to cosponsor and help pass this legislation to improve our Federal response to tackling Lyme and other tick-borne diseases. Thank you.

Ms. COLLINS. Mr. President, today I wish to speak about the issue of Lyme and tick-borne diseases. Fall is a beautiful time of year, especially in Maine, as it is the season for hiking, hunting, and leaf-peeping. Unfortunately, fall is

also tick season and a time of increased risk of Lyme disease.

Each year, 30,000 cases of Lyme disease are reported to the Centers of Disease Control and Prevention. The most recent CDC data noted that 96 percent of those cases were concentrated in just 14 States in the Upper Midwest and Northeast. Maine has one of the highest and fastest growing incident rates of the disease, with cases increasing from 225 in 2004 to 1,169 cases in 2014.

Fall is a time of heightened risk because the immature ticks, or nymphs, that fed heavily during the late spring and early summer have now molted into adults and must feed again. Although larger and easier to spot than the tiny nymphs, they are numerous and active.

Lyme disease was long thought to be a form of juvenile arthritis and was not identified as being spread by ticks until 1976. It is still considered an emerging disease and knowledge gaps remain. For example, diagnostic methods for tick-borne illnesses have not advanced as much as they should have. Consequently, the validity and accuracy of information regarding the incidence and geographic spread of the disease may be lacking. Now, another tick-borne disease called anaplasmosis is emerging, carried by the same blacklegged tick as Lyme disease and with symptoms that are similar in nature but often more severe.

The rapid spread of these diseases is alarming and makes it essential that Federal, State, and local health agencies, public health organizations, and the scientific community work together to improve prevention and detection efforts, as well as to accelerate research to address this crucial public-health challenge. This is the reason why I have cosponsored the Lyme and Tick-Borne Disease Prevention, Education, and Research Act introduced by Senators BLUMENTHAL and AYOTTE, which would help ensure that necessary resources are dedicated to fighting tick-borne diseases.

Prevention and treatment are crucial because there are currently no vaccines for Lyme disease, Rocky Mountain Spotted Fever, anaplasmosis, or other tick-borne diseases. In order to mount a strong national prevention and treatment effort, the legislation would create a tick-borne diseases committee that would consist of physicians, scientists, public health leaders, health agency officials, patients, and patient advocates. This national advisory body would help bring needed focus to improve reporting methods, better diagnostic tools, and more coordinated efforts from local to Federal levels.

With individual precautions, we all can reduce our risk of Lyme disease and other tick-borne illnesses and continue to enjoy the outdoors. With a national effort, we can stop the spread of these devastating diseases and protect the health of all. I encourage my colleagues to support this legislation.

REMEMBERING SHIMON PERES

Ms. MIKULSKI. Mr. President, today I wish to honor the life and legacy of a dear friend, a great leader, a pioneer in his own right, someone I admire, and someone many of us have cheered on, President Shimon Peres. President Peres helped build Israel through hard work and tough diplomacy aimed at restarting peace talks, and championed Israel's security and prosperity until his last breath. A giant among statesmen and inspiration to so many, his passing marks an end of an era and is a great loss to Israel, the region, and the world; but his legacy lives on in his unwavering commitment to regional peace and in the future of the Jewish people where generations upon generations will build a better, safer, and more peaceful future.

Last night, we got the very sad news that President Peres passed away after suffering a stroke 2 weeks ago, and I want to come to the floor to speak about him.

We all know the biography. Born in Poland, he grew up in Tel Aviv and spent some time studying in the United States, including at Harvard University and New School for Social Research in New York. Since the mid-20th century, President Peres committed his life to advancing peace and reconciliation in the Middle East and addressing security issues that faced the region. He became the Director General of Israel's Ministry of Defense at the age of 29 and had an impressive political career that spanned seven decades, which included two terms as Prime Minister and one as President. He won the Nobel Peace Prize in 1994 for his role in negotiating the Oslo accords, along with Israeli Prime Minister Yitzhak Rabin and Palestinian leader Yasser Arafat. President Obama awarded him the Presidential Medal of Freedom in 2012. A further testament to his hard work, commitment to his country, and legacy, he continued to engage on matters of importance to Israel after leaving public office in 2014.

I have known and observed President Peres for a long time, in particular, during my almost 40 years in Congress, and I can say that we have much to celebrate in him, starting with one of the greatest achievements of the 20th century—the founding of the modern State of Israel, which followed the most incomprehensible and evil event of the 20th century, when the Nazis, with the complicity of so many others, sought to exterminate a people. Peres, along with survivors of the Holocaust, helped to build modern Israel, and as a result, never again will the Jewish people be dependent on anyone else for their security.

I met with then-President Peres on my last trip to Israel in 2012, and, as with every engagement we have had, I was reminded of his strong commitment to regional peace that I believe changed the course of Israel's history in so many areas—defense, the occupation of the West Bank, the economy,

and the peace process itself. Now, I have been a longtime friend and supporter of Israel, and I also have had the great honor in my years in the Senate to be on the committee that provided billions in foreign assistance and missile defense to Israel and ensured Israel had the resources it needed while enforcing current and potential future sanctions against Iran. So I have been a close observer of Israel and seen Peres up close and personal.

What I can say about him is that, in our conversations, I told him my support for Israel is unabashed and unwavering and that I will continue to be a voice for Israel and a vote for Israel in the U.S. Senate. I said the United States will always stand by Israel since we are bound together by our common values, by history, and by our shared national interests. I said that support for Israel must be unflinching and unflagging and that the United States will continue to make sure that Israel maintains its qualitative edge—the ability to counter and defeat any military threat. We have had good conversations over the years, so I could not be more emphatic when I say that his legacy, along with his status as the last surviving member of Israel's founding generation which we cannot ignore, puts him in his own category among Israel's most iconic political figures.

Israel has had to endure many wars and live in constant readiness for battle under the constant threat of terrorism; yet the people of Israel have remained strong and resolute, a testament to the legacy of Shimon Peres.

Today we honor the life and legacy of our friend Shimon Peres, and all friends of Peres and Israel should recommit ourselves to ensuring the survivability and viability of the State of Israel, now and forever. I will miss my dear friend, but look forward to a future of peace, prosperity, and friendship that will live on.

MONTREAL PROTOCOL 28TH MEETING OF PARTIES

Mr. CARDIN. Mr. President, today I wish to express my support for a successful 28th meeting of parties to the 1989 Montreal Protocol on substances that deplete the ozone layer, scheduled to take place next month in Kigali, Rwanda. The 28th meeting of parties, commonly referred to as MOP28, is undertaking the incredibly important task of reaching an agreement on an amendment to the Montreal Protocol to phase down the worldwide production and application of hydrofluorocarbons, HFCs, which are incredibly potent, short-lived, greenhouse gases most commonly used as refrigerants in air conditioners and for cold storage. Phasing down HFCs is a critically important step towards realizing the enhanced ambition goals of the Paris Agreement to limit the rise in global average temperature to 1.5 degrees Celsius.

I fully support MOP28's aims of reaching an agreement that is high on ambition and expeditious in its timeline. There is no time to lose if we, as a global community, are to act successfully to stem the causes of the Earth's rapidly changing climate system.

Prior to the Montreal Protocol's implementation, the Earth's ozone, O₃, the thin layer of concentrated O₃ in our atmosphere responsible for regulating the intensity of the Sun's penetrating ultraviolet, UV, light, had developed massive holes near the Earth's poles and had worn dangerously thin around most of the world. A diminished ozone layer poses serious threats to human health by proliferating skin diseases from overexposure to UV light, seriously harms global crop yields and agricultural production, and hastens the useful life of a variety of plastic materials utilized in a variety of outdoor applications.

The Montreal Protocol's incremental approach to phasing out harmful ozone depleting substances, ODSs, is a testament to how inclusive and transparent approaches to multilateral environmental agreements that incorporate constructive inputs from affected industries and the scientific community can achieve positive environmental results. Starting with the phase out of chlorofluorocarbons, CFCs, the worst-of-the-worst ozone depleting substances, followed by the phase out of hydrochlorofluorocarbons, HCFCs, these agreements have the Earth's ozone on track to be fully recovered by 2065.

Hydrofluorocarbons, HFCs, are the chemical refrigerant alternative that replaced HCFCs and CFCs. Unfortunately, HFCs are extreme greenhouse gases. Some HFCs are 4,000 times more potent greenhouse gases than carbon dioxide. The fairly recent expansion of mass production and worldwide use of HFCs, post-HCFC and CFC elimination, are believed to have significantly contributed to the recent worsening of the global climate crisis.

While the Montreal Protocol is designed to address ODSs, not climate change, the decision was made at the Montreal Protocol's 27th meeting of parties in Dubai that the Montreal Protocol provides an effective mechanism to address this family of chemicals effectively.

According to the U.S. Environmental Protection Agency, EPA, "HFC use and emissions are rapidly increasing as a result of the phase out of ozone-depleting substances (ODS) and growing global demand for air conditioning and refrigeration. The continued emissions of HFCs—primarily as alternatives to ODS and as byproduct emissions of HFC-23—are having an immediate and significant effect on the Earth's climate system. Without further controls, HFC emissions could largely negate the climate benefits achieved under the Montreal Protocol."

The United States has demonstrated exceptional leadership with respect to