''(C) consumer groups of, and that serve,'';

(E) by striking ''appropriate national'' and inserting the following:

''(D) appropriate national'';

(F) by striking ''persons who are deaf and'' and inserting the following:

''(E) individuals who are deaf or'';

(G) by striking ''other qualified'' and inserting the following:

''(F) other qualified'';

(H) by striking ''newborns, infants, toddlers, children,'' and inserting ''children,'';

(I) by striking ''third-party'' and inserting the following:

''(G) third-party''; and

(J) by striking ''related commercial'' and inserting the following:

''(H) related commercial''; and

(2) in paragraph (3)—

(A) by striking ''States to establish newborn and infant'' and inserting the following: ''States—

''(A) to establish newborn, infant, and young child'';

(B) by inserting a semicolon after ''subsection (a)''; and

(C) by striking ''to develop'' and inserting the following:

''(B) to develop''.

(e) RULE OF CONSTRUCTION; RELIGIOUS ACCOMMODATION.—Section 399M(d) of the Public Health Service Act (42 U.S.C. 280g–1(d)) is amended—

(1) by striking ''which'' and inserting ''that'';

(2) by striking ''newborn infants or young''; and

(3) by striking ''parents' '' and inserting ''parent's''.

(f) DEFINITIONS.—Section 399M(e) of the Public Health Service Act (42 U.S.C. 280g–1(e)) is amended—

(1) in paragraph (1)—

(A) by striking ''(1)'' and all that follows through ''to procedures'' and inserting the following:

''(1) The term 'audiologic', when used in connection with evaluation, means procedures—'';

(B) by striking ''to assess'' and inserting the following:

''(A) to assess'';

(C) by striking ''to establish'' and inserting the following:

''(B) to establish'';

(D) by striking ''auditory disorder;'' and inserting ''auditory disorder,'';

(E) by striking ''to identify'' and inserting the following:

''(C) to identify'';

(F) by striking ''options.'' and all that follows through ''linkage'' and inserting the following: ''options, including—

''(i) linkage'';

(G) by striking ''appropriate agencies,'' and all that follows through ''national'' and inserting the following: ''appropriate agencies;

''(ii) medical evaluation;

''(iii) assessment for the full range of assistive hearing technologies appropriate for newborns, infants, and young children;

''(iv) audiologic rehabilitation treatment; and

''(v) referral to national''; and

(H) by striking ''parent, and education'' and inserting ''parent, family, and education'';

(2) by striking paragraph (2);

(3) by redesignating paragraphs (3) through (6) as paragraphs (2) through (5);

(4) in paragraph (2) (as redesignated by paragraph (3) of this subsection)—

(A) by striking ''refers to providing'' and inserting the following: ''means—

''(A) providing'';

(B) by striking ''with hearing loss, including nonmedical services,'' and inserting ''who is deaf or hard-of-hearing, including nonmedical services;'';

(C) by striking ''ensuring that families of the child are provided'' and inserting the following:

''(B) ensuring that the family of the child is—

''(i) provided'';

(D) by striking ''language and communication options and are given'' and inserting the following: ''language acquisition in oral and visual modalities; and

''(ii) given''; and

(E) by striking ''their child'' and inserting ''the child'';

(5) in paragraph (3) (as redesignated by paragraph (3) of this subsection), by striking ''(3)'' and all that follows through ''decision making'' and inserting ''The term 'medical evaluation' means key components performed by a physician including history, examination, and medical decisionmaking'';

(6) in paragraph (4) (as redesignated by paragraph (3) of this subsection)—

(A) by striking ''refers to'' and inserting ''means'';

(B) by striking ''and/or surgical'' and inserting ''or surgical''; and

(C) by striking ''of hearing'' and all that follows through ''disorder'' and inserting ''for hearing loss or other medical disorders''; and

(7) in paragraph (5) (as redesignated by paragraph (3) of this subsection)—

(A) by striking ''(5)'' and all that follows through ''refers to'' and inserting ''(5) The term 'newborn, infant, and young child hearing screening' means''; and

(B) by striking ''and infants'' and inserting '', infants, and young children under 3 years of age''.

(g) AUTHORIZATION OF APPROPRIATIONS.—Section 399M(f) of the Public Health Service Act (42 U.S.C. 280g–1(f)) is amended—

(1) in paragraph (1), by striking ''such sums'' and all that follows through the period and inserting ''$17,818,000 for fiscal year 2018, $18,173,800 for fiscal year 2019, $18,628,145 for fiscal year 2020, $19,056,592 for fiscal year 2021, and $19,522,758 for fiscal year 2022.''; and

(2) in paragraph (2), by striking ''such sums'' and all that follows through the period and inserting ''$10,800,000 for fiscal year 2018, $11,026,800 for fiscal year 2019, $11,302,470 for fiscal year 2020, $11,562,427 for fiscal year 2021, and $11,851,488 for fiscal year 2022.''.

Mr. GARDNER. I ask unanimous consent that the committee-reported substitute amendment be agreed to, the bill, as amended, be considered read a third time and passed, and 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. 652), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

STRENGTHENING MOSQUITO ABATEMENT FOR SAFETY AND HEALTH ACT

Mr. GARDNER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 45, S. 849.

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

The senior assistant legislative clerk read as follows:

A bill (S. 849) to support programs for mosquito-borne and other vector-borne disease surveillance and control.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Strengthening Mosquito Abatement for Safety and Health Act'' or the ''SMASH Act''.

SEC. 2. REAUTHORIZATION OF MOSQUITO ABATEMENT FOR SAFETY AND HEALTH PROGRAM.

Section 317S of the Public Health Service Act (42 U.S.C. 247b–21) is amended—

(1) in subsection (a)(1)(B)—

(A) by inserting ''including programs to address emerging infectious mosquito-borne diseases,'' after ''control programs,''; and

(B) by inserting ''or improving existing control programs'' before the period at the end;

(2) in subsection (b)—

(A) in paragraph (1), by inserting '', including improvement,'' after ''operation'';

(B) in paragraph (2)—

(i) in subparagraph (A)—

(I) in clause (ii), by striking ''or'' at the end;

(II) in clause (iii), by striking the semicolon at the end and inserting '', including an emerging infectious mosquito-borne disease that presents a serious public health threat; or''; and

(III) by adding at the end the following:

''(iv) a public health emergency due to the incidence or prevalence of a mosquito-borne disease that presents a serious public health threat.''; and

(ii) in subparagraph (D), by inserting ''or that demonstrates to the Secretary that the control program is consistent with existing State mosquito control plans or policies, or other applicable State preparedness plans'' before the period at the end;

(C) in paragraph (4)(C), by striking ''that extraordinary'' and all that follows through the period at the end and inserting ''that—

''(i) extraordinary economic conditions in the political subdivision or consortium of political subdivisions involved justify the waiver; or

''(ii) the geographical area covered by a political subdivision or consortium for a grant under paragraph (1) has an extreme mosquito control need due to—

''(I) the size or density of the potentially impacted human population;

''(II) the size or density of a mosquito population that requires heightened control; or

''(III) the severity of the mosquito-borne disease, such that expected serious adverse health outcomes for the human population justify the waiver.''; and

(D) by amending paragraph (6) to read as follows:

''(6) NUMBER OF GRANTS.—A political subdivision or a consortium of political subdivisions may not receive more than one grant under paragraph (1).''; and

(3) in subsection (f)—

(A) in paragraph (1), by striking ''for fiscal year 2003, and such sums as may be necessary for each of fiscal years 2004 through 2007'' and inserting ''for each of fiscal years 2018 through 2022'';

(B) in paragraph (2), by striking ''the Public Health Security and Bioterrorism Preparedness and Response Act of 2002'' and inserting ''other medical and public health preparedness and response laws''; and

(C) in paragraph (3)—

(i) in the heading, by striking ''2004'' and inserting ''2018''; and

(ii) by striking ''2004'' and inserting ''2018''.

SEC. 3. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.

Section 2821 of the Public Health Service Act (42 U.S.C. 300hh–31) is amended—

(1) in subsection (a)(1), by inserting '', including mosquito and other vector-borne diseases,'' after ''infectious diseases''; and

(2) in subsection (b), by striking ''2010 through 2013'' and inserting ''2018 through 2022''.

SEC. 4. GAO STUDY.

(a) STUDY.—The Comptroller General of the United States shall conduct a study on the state of surveillance and control of mosquito-borne infectious diseases in the United States and territories, including the state of preparedness for conducting such surveillance and control. The study shall include—

(1) a description of the infrastructure and programs for mosquito control in the United States, including—

(A) how such infrastructure and programs are organized and implemented at the Federal, State and local levels, including with respect to departments and agencies of the States, and local organizations (including special districts) involved in such control programs;

(B) the role of the private sector in such activities;

(C) how the authority for mosquito control impacts such activities; and

(D) the resources for such infrastructure and programs, including Federal, State, and local funding sources;

(2) how mosquito and other vector-borne disease surveillance and control is integrated into Federal, State, and local preparedness plans and actions, including how zoonotic surveillance is integrated into infectious disease surveillance to support real-time situational surveillance and awareness;

(3) Federal, State, and local laboratory capacity for emerging vector-borne diseases, including mosquito-borne and other zoonotic diseases; and

(4) any regulatory challenges for developing and utilizing vector-control technologies and platforms as part of mosquito control strategies.

(b) CONSULTATIONS.—In conducting the study under subsection (a), the Comptroller General of the United States shall consult with—

(1) State and local public health officials involved in mosquito and other vector-borne disease surveillance and control efforts;

(2) researchers and manufacturers of mosquito control products;

(3) stakeholders involved in mosquito abatement activities;

(4) infectious disease experts; and

(5) entomologists involved in mosquito-borne disease surveillance and control efforts.

(c) REPORT.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing the results of the study conducted under subsection (a) and relevant recommendations for Zika virus and other mosquito-borne diseases preparedness and response efforts.

Mr. GARDNER. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be considered and agreed to, and that the bill, as amended, be considered read a third time.

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

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

The bill was ordered to be engrossed for a third reading and was read the third time.

Mr. GARDNER. Mr. President, I know of no further debate on the bill.

The PRESIDING OFFICER. Is there further debate?

Hearing none, the bill having been read the third time, the question is, Shall the bill pass?

The bill (S. 849), as amended, was passed.

Mr. GARDNER. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

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

NATIONAL CLINICAL CARE COMMISSION ACT

Mr. GARDNER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 47, S. 920.

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

The senior assistant legislative clerk read as follows:

A bill (S. 920) to establish a National Clinical Care Commission.

There being no objection, the Senate proceeded to consider the bill.

Mr. GARDNER. Mr. President, I further ask unanimous consent that the Shaheen amendment be agreed to; that the bill, as amended, be read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The amendment (No. 807) was agreed to, as follows:

(Purpose: To improve the bill)

On page 5, line 12, strike ''and''.

On page 5, line 20, strike the period and insert ''; and''.

On page 5, between lines 20 and 21, insert the following:

(5) whether there are opportunities for consolidation of inappropriately overlapping or duplicative Federal programs related to the diseases and complications described in subsection (a).

The bill (S. 920), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 920

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Clinical Care Commission Act''.

SEC. 2. NATIONAL CLINICAL CARE COMMISSION.

(a) ESTABLISHMENT.—There is hereby established, within the Department of Health and Human Services, a National Clinical Care Commission (in this section referred to as the ''Commission'') to evaluate and make recommendations regarding improvements to the coordination and leveraging of programs within the Department and other Federal agencies related to awareness and clinical care for at least one, but not more than two, complex metabolic or autoimmune diseases resulting from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases.

(b) MEMBERSHIP.—

(1) IN GENERAL.—The Commission shall be composed of the following voting members:

(A) The heads of the following Federal agencies and departments, or their designees:

(i) The Centers for Medicare & Medicaid Services.

(ii) The Agency for Healthcare Research and Quality.

(iii) The Centers for Disease Control and Prevention.

(iv) The Indian Health Service.

(v) The Department of Veterans Affairs.

(vi) The National Institutes of Health.

(vii) The Food and Drug Administration.

(viii) The Health Resources and Services Administration.

(ix) The Department of Defense.

(x) The Department of Agriculture.

(xi) The Office of Minority Health.

(B) Twelve additional voting members appointed under paragraph (2).

(2) ADDITIONAL MEMBERS.—The Commission shall include additional voting members, as may be appointed by the Secretary, with expertise in the prevention, care, and epidemiology of any of the diseases and complications described in subsection (a), including one or more such members from each of the following categories:

(A) Physician specialties, including clinical endocrinologists, that play a role in the prevention or treatment of diseases and complications described in subsection (a).

(B) Primary care physicians.

(C) Non-physician health care professionals.

(D) Patient advocates.

(E) National experts, including public health experts, in the duties listed under subsection (c).

(F) Health care providers furnishing services to a patient population that consists of a high percentage (as specified by the Secretary) of individuals who are enrolled in a State plan under title XIX of the Social Security Act or who are not covered under a health plan or health insurance coverage.

(3) CHAIRPERSON.—The members of the Commission shall select a chairperson from the members appointed under paragraph (2).

(4) MEETINGS.—The Commission shall meet at least twice, and not more than four times, a year.

(5) VACANCIES.—A vacancy on the Commission shall be filled in the same manner as the original appointments.

(c) DUTIES.—The Commission shall evaluate and make recommendations, as appropriate, to the Secretary of Health and Human Services and Congress regarding—

(1) Federal programs of the Department of Health and Human Services that focus on preventing and reducing the incidence of the diseases and complications described in subsection (a);

(2) current activities and gaps in Federal efforts to support clinicians in providing integrated, high-quality care to individuals with the diseases and complications described in subsection (a);

(3) the improvement in, and improved coordination of, Federal education and awareness activities related to the prevention and treatment of the diseases and complications described in subsection (a), which may include the utilization of new and existing technologies;

(4) methods for outreach and dissemination of education and awareness materials that—

(A) address the diseases and complications described in subsection (a);

(B) are funded by the Federal Government; and

(C) are intended for health care professionals and the public; and

(5) whether there are opportunities for consolidation of inappropriately overlapping or duplicative Federal programs related to the diseases and complications described in subsection (a).

(d) OPERATING PLAN.—Not later than 90 days after its first meeting, the Commission shall submit to the Secretary of Health and Human Services and the Congress an operating plan for carrying out the activities of the Commission as described in subsection (c). Such operating plan may include—