

“(i) is serving in accordance with State or local law as an officially recognized or designated member of a legally organized public safety agency;

“(ii) is not a law enforcement officer, a firefighter, a chaplain, or a member of a rescue squad or ambulance crew; and

“(iii) provides scene security or directs traffic—

“(I) in response to any fire drill, fire call, or other fire, rescue, or police emergency; or

“(II) at a planned special event.”

SEC. 3. CALCULATION OF PELL GRANT AMOUNT.

(a) IN GENERAL.—Section 401(b)(2) of the Higher Education Act of 1965 (20 U.S.C. 1070a(b)(2)) is amended—

(1) in subparagraph (A), in the matter preceding clause (i), by striking “The Amount” and inserting “Subject to subparagraph (C), the amount”; and

(2) by adding at the end the following new subparagraph:

“(C) In the case of a student who meets the requirements of subparagraphs (A), (B)(ii), and (C) of section 473(b)(2)—

“(i) clause (ii) of subparagraph (A) of this paragraph shall be applied by substituting ‘from the amounts appropriated in the last enacted appropriation Act applicable to that award year, an amount equal to the amount of the increase calculated under paragraph (7)(B) for that year’ for ‘the amount of the increase calculated under paragraph (7)(B) for that year’; and

“(ii) such student—

“(I) shall be provided an amount under clause (i) of this subparagraph only to the extent that funds are specifically provided in advance in an appropriation Act to such students for that award year; and

“(II) shall not be eligible for the amounts made available pursuant to clauses (i) through (iii) of paragraph (7)(B).”.

(b) RULE OF CONSTRUCTION.—A student who is eligible to receive a Federal Pell Grant for the academic year for which the determination is made, whose parent or guardian was actively serving as a public safety officer and died in the line of duty while performing as a public safety officer, and who, at the time of the parent or guardian’s death, was less than 24 years of age, or enrolled at an institution of higher education on a part-time or full-time basis shall receive a calculation of a Federal Pell Grant amount according to the amendment made by subsection (a) for the academic year only to the extent that funds are specifically provided in advance in an appropriation Act to such students for that award year.

SEC. 4. BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the Senate Budget Committee, provided that such statement has been submitted prior to the vote on passage.

SEC. 5. EFFECTIVE DATE.

This Act, and the amendments made by this Act, shall take effect on July 1, 2017.

Mr. McCONNELL. 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.

HERSHEL “WOODY” WILLIAMS VA MEDICAL CENTER

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Com-

mittee on Veterans’ Affairs be discharged from further consideration of S. 1165 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 1165) to designate the medical center of the Department of Veterans Affairs in Huntington, West Virginia, as the Hershel “Woody” Williams VA Medical Center.

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

Mr. McCONNELL. Mr. President, I further ask unanimous consent that the bill be considered read a third time and passed and 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 bill (S. 1165) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 1165

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

SECTION 1. DESIGNATION OF HERSHEL “WOODY” WILLIAMS VA MEDICAL CENTER IN HUNTINGTON, WEST VIRGINIA.

(a) DESIGNATION.—The medical center of the Department of Veterans Affairs in Huntington, West Virginia, shall after the date of the enactment of this Act be known and designated as the “Hershel ‘Woody’ Williams VA Medical Center”.

(b) REFERENCE.—Any reference in any law, regulation, map, document, paper, or other record of the United States to the medical center referred to in subsection (a) shall be considered to be a reference to the Hershel “Woody” Williams VA Medical Center.

ORDERS FOR MONDAY, SEPTEMBER 11, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 3 p.m., Monday, September 11; further, that following the prayer and pledge, the Senate observe a moment of silence in remembrance of the lives lost in the attacks of September 11, 2001; further, that following the moment of silence, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate resume consideration of the motion to proceed to H.R. 2810, with the time until 5:30 p.m. equally divided between the two leaders or their designees; finally, that notwithstanding the provisions of rule XXII, the cloture vote on the motion to proceed to H.R. 2810 occur at 5:30 p.m. Monday.

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

ORDER FOR ADJOURNMENT

Mr. McCONNELL. Mr. President, if there is no further business to come be-

fore the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator BLUNT and Senator WHITEHOUSE.

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

The Senator from Missouri.

INVESTING IN HEALTHCARE RESEARCH

Mr. BLUNT. Mr. President, today I come to you after we have been able to pass out of the Appropriations Committee the bill to fund the Department of Labor, the Department of Health and Human Services, and the Department of Education. I want to talk particularly about what happened in that funding, which is now out of committee and ready for the full Senate to act on it and then the Congress to act on it, as it relates to healthcare research.

We were able in our committee to have a bipartisan bill. I had a chance to begin to chair that committee 3 years ago. Senator MURRAY from Washington State is the leading Democrat on that committee. For the previous 6 years—the previous 5 years plus that first budget for which I was the chair—we weren’t able to have a bipartisan bill. But the last 2 years, we have decided that we could figure out how to come together with this committee that actually appropriates about 30 percent of all the appropriated dollars that the Congress deals with and find a way to move forward in a bipartisan way. Certainly, Senator MURRAY is an important part of that partnership, and we were able to take our bill to the committee today.

Maybe the thing that we did that will have the most long-term significance in that bill was that, for the third year in a row, we were able to increase healthcare research at the National Institutes of Health. Now, for the 12 years that ended 3 years ago, there had been zero increase in healthcare research in this country.

Research, whether it is ag research or health research or other research, is one of the things that the government has done for a long time and can really commit itself to in ways that the private sector cannot. So when you begin to hold back the healthcare research here, not only do people not have the same potential they have to have their health challenges met and their family health challenges met, but we also hold back our ability to move forward with lifesaving cures and lifesaving practices in an economy where that makes a difference and in a world where these things are changing quickly.

So just 3 years ago, the people who run the National Institutes of Health and researchers around the country said that, having had no increase in a dozen years, they were basically 22 percent behind where they had been 12 years earlier in just research buying power. Young researchers were leaving the field of research because they were

really disadvantaged in a world where research dollars were effectively going down and people who had had successful research before had a much better chance to know how to get and then to be awarded a grant that young researchers weren't getting.

So 2 years ago, last year, and again today—2 years ago and last year, successfully—the Congress said: Now we are going to make a substantial increase to healthcare research. It was \$2 billion each of those 2 years, which was about a 6.6-percent increase in healthcare research. Today we proposed another \$2 billion, and just like the previous 2 years, we really had no new money. So we had to figure out how to prioritize, eliminating programs. I think over the 3 years we have now eliminated over 30 programs that just simply weren't performing well or performing well enough to be a priority.

As the Presiding Officer and I have talked about before, when everything is a priority, nothing is really a priority. So we decided this is one of our priorities, and probably, we can safely suggest, a top priority for this committee now over the last 3 years. So we have gone from a 22-percent decline to where we are almost caught up to where the country was 15 years ago, in terms of buying power, with about a 20-percent increase in this one account in three budgets.

Again, I think it is important for us and the taxpayers to understand we did that because other things were carefully looked at and either had their amounts reduced or had their programs eliminated so we could look at the health research. In that 12-year period of time, there had been such a decline in commitment to health research that often the health research projects that were funded weren't funded in a way that allowed them to have success. At some Institutes at NIH, the success ratio was as low as 9 percent, and even when you are looking at everything, 9 percent is, frankly, too low.

I hope we are going to see some real breakthroughs as a part of that research. One of the areas that has been a part of that research has been the investment in Alzheimer's research. Every 68 seconds, someone in America develops Alzheimer's, and this is a disease that not only impacts in a dramatic way the person who has it but arguably impacts, in at least as dramatic a way, the people who care about them and do all they can to care for them. It is the most expensive disease in America. As our population gets older, more and more people get into that age realm where if something doesn't change, they are going to have Alzheimer's too.

Right now we are spending right at 250 billion tax dollars every year on Alzheimer's-related care. That is about half the defense budget. The estimate for 2050 is that if something doesn't change, we will be spending \$1.1 trillion of today's dollars on Alzheimer's-related care.

We talk about big numbers here, and it is easy to get confused. That is a lot or that is half of that—what does that really mean? Well, \$1.1 trillion is twice the defense budget. If you can get in your mind all we spend all over the world to defend the country, if we don't do something to change what is happening with Alzheimer's, we are going to be spending twice everything we spend to defend the country just on taxpayer-related Alzheimer's care.

The estimate on Alzheimer's, by the way, is that for every tax dollar spent on Alzheimer's, there are two private dollars spent and almost never covered by insurance. It has a dramatic impact on people, dramatic impact on their families, and a dramatic impact on taxpayers. We are spending about \$1 on Alzheimer's research right now for every \$125 we spend on Medicare and Medicaid. The biggest expenditure in those two funds of any disease is what we spend on Alzheimer's. Hopefully, we will see changes in that and begin to see things develop there.

Also, on the BRAIN Initiative, there has been nearly a 54-percent boost over last year's level in the BRAIN Initiative. The BRAIN Initiative, as part of the 21st Century Cures legislation we voted for, is really developing a more complete understanding of brain function. It has the possibility of helping millions of people who suffer from a wide variety of neurological challenges, psychiatric and behavioral disorders, diseases like Alzheimer's, Parkinson's, and traumatic brain injuries in addition to that. It is all part of what we can look at as part of the BRAIN Initiative for psychiatric disorders.

Remember, the estimate is that one out of every four adult Americans has a diagnosable and almost always treatable behavioral health issue. If you know that issue, if you know how the brain works in a better way, the treatment may be easier, better, more effective, and more long-term than it is now.

The National Cancer Institute is looking at the Precision Medicine Initiative. This is where we utilize all we know now about the human genome and about environmental and lifestyle data to see if we can come up with solutions. Genomically, we didn't know any of this a generation ago, but with the human genome, now that we know what we know, we can look at how we individually are different than everybody else. There is a great feeling that in many cancers, there is a unique cancer-fighting agent for that unique cancer in you, but what you need to do is amp up that cancer-fighting agent. The Federal Drug Administration just last week approved the first T cell-amping treatment that would do that.

Senator TOOMEY and I went 2 years ago to the University of Pennsylvania, Philadelphia, and saw the work that Dr. Carl June was doing, the groundbreaking work on leukemia. Again, he was amping up that fighting

cell in patients whom everybody else had given up on and had great success and caused great optimism about what can happen there.

Dr. Tim Eberlein, director of the Siteman Cancer Center in St. Louis, testified before our subcommittee on the critical role of Federal support for looking at these kinds of things and seeing what can happen to make a difference.

He shared a story of one of his colleagues, Dr. Lukas Wartman, an oncologist and leukemia survivor, who had a relapse while, fortunately for him, he was a fellow at Washington University. Research performed a detailed analysis of Dr. Wartman's cancer genome profile. They identified an existing drug typically used to treat a different kind of cancer, but it targeted the kinds of genetic structures that Dr. Wartman had, and he is in remission. It enabled him to undergo a stem cell transplant. He is now continuing his work on behalf of other cancer patients.

Whether it is immunology—again, amping up of what you have to fight that unique challenge that you have, whether it is looking at the BRAIN Initiative, these are things that make a difference to families, they make a difference to taxpayers, they make a difference to our economy, and certainly we hope seeing the committee move forward today on what would be the third groundbreaking commitment by the Congress in recent years to make a difference here is an important thing.

I hope we get a chance to bring this bill so all the Senators get a chance, as our Members did today, to debate it, to amend it, but no matter what happens on the floor of the Senate, we will have a chance to talk to our colleagues in the House and, hopefully, once again, in the final appropriations bill this year, do what makes a difference.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BLUNT). Without objection, it is so ordered.

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I am here to deliver my "Time to Wake Up" speech, which I do every week that the Senate is in session. We have been out of session for a few weeks, so there is a fair amount to talk about that happened while we were gone.

One of the first things was a new study in my home State of Rhode Island. Rhode Island is a coastal State. We have considerable worries about sea level rise, and we have a State Coastal Resources Management Council that has done what is probably the best modeling anywhere in the country of