

Brain Injury Program Reauthorization Act of 2018. I want to thank my colleague, Senator Casey, for working with me once again on important legislation to reauthorize the Federal Traumatic Brain Injury program, which is dedicated to improving the delivery and quality of care for persons with traumatic brain injury — or, TBI.

Each year, millions of Americans suffer TBIs as a result of automobile collisions, falls, recreational accidents, assaults, and other tragic incidents. TBI has also been called a signature wound of recent wars. In 2016, the Department of Defense reported more than 18,000 service members diagnosed with traumatic brain injury. A survivor of a severe brain injury typically faces years of intensive health and rehabilitation services, with estimated lifetime costs in the millions.

In 1996, I worked with my good friend Senator Ted Kennedy on the original TBI Act to help limit the suffering, death, and long-term disability that results from TBI. Our legislation marked the beginning of a multifaceted Federal endeavor to address the needs of persons with TBI and their families. The 1996 TBI law authorized research, not only for the treatment of traumatic brain injury, but also for prevention and awareness programs to help decrease the occurrence of TBI and improve patient outcomes. It was the first Federal legislation to focus on improving education, protection, and state services coordination for TBI.

Today's TBI program maintains that original framework of prevention, education, access, and protection. The Centers for Disease Control and Prevention (CDC) conducts projects to reduce the incidence of traumatic brain injury. Through the Administration for Community Living (ACL), the TBI State Partnership Grant Program helps States and territories to build service infrastructure and improve access to services and supports.

Through the ACL, the TBI program also supports protection and advocacy to provide TBI survivors with information and referral services, and to help resolve legal and administrative problems for individuals or groups of individuals with developmental disabilities. Our bill reauthorizes TBI activities at the CDC and ACL.

The CDC has reported that about 2.5 million children and adults sustain TBIs each year. But we do not truly know the incidence and prevalence of TBI or the lifelong disability it can cause. Surveillance is especially important to our efforts to reduce the public health burden of TBI. Improved data collection can help both primary prevention of TBI, and acute care and rehabilitation. Prevention programs should be targeted to address at-risk populations and specific causes of TBI. And accurate data are needed to improve TBI survivors' access to necessary services.

At present, CDC is piloting a National Concussion Surveillance System

as a means to fill these gaps and provide a better estimate of the TBI burden. This system is an effort that aligns with recommendations made in a 2013 report from the National Academies for Sciences, Engineering, and Medicine, as well as proposals included in President's Budget requests.

When taken to scale following the pilot study, this system has the capacity to provide the first truly comprehensive incidence of TBI in children across the lifespan and at a national level. It also has the potential to improve our understanding of the full range of circumstances leading to TBI and track healthcare utilization and services received after a TBI event. By collecting information over multiple years, we can also track whether the problem is getting better or worse, and if prevention efforts are actually working.

The Traumatic Brain Injury Program Reauthorization of 2018 is supported by the Brain Injury Association of America (BIAA) and the National Association of State Head Injury Administrators (NASHIA). It will extend important prevention, education, State program support, and protection and advocacy activities for an additional five years. It will also help to gather the data that we need to make those programs better, and, ultimately, to improve TBI survivors' access to necessary services. I urge my colleagues to support our efforts to continue improving the delivery and quality of care for persons living with TBI by helping to pass the Traumatic Brain Injury Program Reauthorization of 2018.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 704—EXPRESSING SUPPORT FOR THE GOALS OF NATIONAL ADOPTION DAY AND NATIONAL ADOPTION MONTH BY PROMOTING NATIONAL AWARENESS OF ADOPTION AND THE CHILDREN AWAITING FAMILIES, CELEBRATING CHILDREN AND FAMILIES INVOLVED IN ADOPTION, AND ENCOURAGING THE PEOPLE OF THE UNITED STATES TO SECURE SAFETY, PERMANENCY, AND WELL-BEING FOR ALL CHILDREN

Mr. BLUNT (for himself, Ms. KLOBUCHAR, Mr. TILLIS, Mr. ENZI, Mr. GRASSLEY, Mr. RISCH, Mr. LANKFORD, Mr. INHOFE, Mr. ROBERTS, Mr. SCOTT, Mr. VAN HOLLEN, Mr. JONES, Ms. HASSAN, Ms. BALDWIN, Mr. MANCHIN, Mrs. FEINSTEIN, Mr. BENNET, Mr. BROWN, Mr. BOOKER, Ms. SMITH, Mr. KING, Mr. CASEY, Ms. HIRONO, Mr. MARKEY, Mr. DAINES, Mr. RUBIO, Mr. BOOZMAN, and Mrs. MURRAY) submitted the following resolution; which was considered and agreed to:

S. RES. 704

Whereas there are millions of unparented children in the world, including 437,465 chil-

dren in the foster care system in the United States, approximately 117,794 of whom are waiting for families to adopt them;

Whereas 64 percent of the children in foster care in the United States are age 10 or younger;

Whereas the average length of time a child spends in foster care is approximately 20 months;

Whereas, for many foster children, the wait for a loving family in which the children are nurtured, comforted, and protected seems endless;

Whereas, in 2016, 20,532 youth "aged out" of foster care by reaching adulthood without being placed in a permanent home;

Whereas, every day, loving and nurturing families are strengthened and expanded when committed and dedicated individuals make an important difference in the life of a child through adoption;

Whereas, while nearly a quarter of individuals in the United States have considered adoption, a majority of individuals in the United States have misperceptions about the process of adopting children from foster care and the children who are eligible for adoption;

Whereas 46 percent of individuals in the United States believe that children enter the foster care system because of juvenile delinquency, when in reality the vast majority of children who have entered the foster care system were victims of neglect, abandonment, or abuse;

Whereas 39 percent of individuals in the United States believe that foster care adoption is expensive, when in reality there is no substantial cost for adopting from foster care and financial support is available to adoptive parents after an adoption is finalized;

Whereas family reunification, kinship care, and domestic and intercountry adoption promote permanency and stability to a far greater degree than long-term institutionalization or long-term, often disrupted, foster care;

Whereas November is National Adoption Month, and National Adoption Day occurs in November;

Whereas National Adoption Day is a collective national effort to find permanent, loving families for children in the foster care system;

Whereas, since the first National Adoption Day in 2000, more than 70,000 children have joined permanent families on National Adoption Day; and

Whereas the President traditionally issues an annual proclamation to declare the month of November as National Adoption Month, and National Adoption Day is on November 17, 2018: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of National Adoption Day and National Adoption Month;

(2) recognizes that every child should have a permanent and loving family; and

(3) encourages the people of the United States to consider adoption during the month of November and throughout the year.

SENATE RESOLUTION 705—DESIGNATING DECEMBER 3, 2018, AS "NATIONAL PHENYLKETONURIA AWARENESS DAY"

Mr. ISAKSON (for himself and Ms. BALDWIN) submitted the following resolution; which was considered and agreed to:

S. RES. 705

Whereas phenylketonuria (in this preamble referred to as “PKU”) is a rare, inherited metabolic disorder that is characterized by the inability of the body to process the essential amino acid phenylalanine and which causes intellectual disability and other neurological problems, such as memory loss and mood disorders, when treatment is not started within the first few weeks of life;

Whereas PKU is also referred to as Phenylalanine Hydroxylase Deficiency;

Whereas newborn screening for PKU was initiated in the United States in 1963 and was recommended for inclusion in State newborn screening programs under the Newborn Screening Saves Lives Act of 2007 (Public Law 110-204);

Whereas approximately 1 out of every 15,000 infants in the United States is born with PKU;

Whereas PKU is treated with medical food; Whereas the 2012 Phenylketonuria Scientific Review Conference affirmed the recommendation of lifelong dietary treatment for PKU made by the National Institutes of Health Consensus Development Conference Statement 2000;

Whereas, in 2014, the American College of Medical Genetics and Genomics and Genetic Metabolic Dieticians International published medical and dietary guidelines on the optimal treatment of PKU;

Whereas medical foods are medically necessary for children and adults living with PKU;

Whereas adults with PKU who discontinue treatment are at risk for serious medical issues, such as depression, impulse control disorder, phobias, tremors, and pareses;

Whereas women with PKU must maintain strict metabolic control before and during pregnancy to prevent fetal damage;

Whereas children born from untreated mothers with PKU may have a condition known as “maternal phenylketonuria syndrome”, which can cause small brains, intellectual disabilities, birth defects of the heart, and low birth weights;

Whereas, although there is no cure for PKU, treatment involving medical foods, medications, and restriction of

phenylalanine intake can prevent progressive, irreversible brain damage;

Whereas access to health insurance coverage for medical food varies across the United States and the long-term costs associated with caring for untreated children and adults with PKU far exceed the cost of providing medical food treatment;

Whereas gaps in medical foods coverage has a detrimental impact on individuals with PKU, their families, and society;

Whereas scientists and researchers are hopeful that breakthroughs in PKU research will be forthcoming;

Whereas researchers across the United States are conducting important research projects involving PKU; and

Whereas the Senate is an institution that can raise awareness of PKU among the general public and the medical community: Now, therefore, be it

Resolved, That the Senate—

(1) designates December 3, 2018, as “National Phenylketonuria Awareness Day”;

(2) encourages all people in the United States to become more informed about phenylketonuria and the role of medical foods in treating phenylketonuria; and

(3) respectfully requests that the Secretary of the Senate transmit an enrolled copy of this resolution to the National PKU Alliance, a nonprofit organization dedicated to improving the lives of individuals with phenylketonuria.

SENATE RESOLUTION 706—TO AUTHORIZE REPRESENTATION BY THE SENATE LEGAL COUNSEL IN THE CASE OF JACOB R. KENT, ET AL., V. R.L. VALLEE, INC., ET AL

Mr. MCCONNELL (for himself and Mr. SCHUMER) submitted the following resolution; which was considered and agreed to:

S. RES. 706

Whereas, in the case of *Jacob R. Kent, et al., v. R.L. Vallee, Inc., et al.*, Case No. 617-6-15, pending in the Superior Court of Vermont in Chittenden County, defendant R.L. Vallee, Inc. has issued a deposition subpoena for tes-

timony and documents to Daniel McLean, an employee in Senator Sanders’ office;

Whereas, pursuant to sections 703(a) and 704(a)(2) of the Ethics in Government Act of 1978, 2 U.S.C. §§288b(a) and 288c(a)(2), the Senate may direct its counsel to represent current or former Members, officers, and employees of the Senate with respect to any subpoena, order, or request for testimony or documents relating to their official responsibilities;

Whereas, by the privileges of the Senate of the United States and Rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate may, by the judicial or administrative process, be taken from such control or possession but by permission of the Senate: Now, therefore, be it

Resolved, That the Senate Legal Counsel is authorized to represent Senator Sanders’ office and Mr. McLean in this matter and in all proceedings related to it.

Mr. MCCONNELL. Mr. President, on behalf of myself and the distinguished Democratic leader, Mr. SCHUMER, I send to the desk a resolution authorizing representation by the Senate Legal Counsel and ask for its immediate consideration.

Mr. MCCONNELL. Mr. President, this resolution concerns a State court civil case alleging price fixing in gasoline markets in northwest Vermont, in which one of the defendants has issued to an employee in Senator SANDERS’ Burlington, Vermont office a deposition subpoena for testimony and documents arising out of his Senate duties. Senator SANDERS is opposing this subpoena on grounds of sovereign immunity and the absolute immunity afforded the Senator and his staff under the Speech or Debate Clause, as well as for imposing an undue burden. This resolution would authorize the Senate Legal Counsel to represent Senator SANDERS’ office and his employee and to move to quash the subpoena.

FOREIGN TRAVEL FINANCIAL REPORTS

In accordance with the appropriate provisions of law, the Secretary of the Senate herewith submits the following reports for standing committees of the Senate, certain joint committees of the Congress, delegations and groups, and select and special committees of the Senate, relating to expenses incurred in the performance of authorized foreign travel:

CONSOLIDATED REPORT OF EXPENDITURE OF FUNDS FOR FOREIGN TRAVEL BY MEMBERS AND EMPLOYEES OF THE U.S. SENATE, UNDER AUTHORITY OF SEC. 22, P.L. 95-384—22 U.S.C. 1754(b), COMMITTEE ON APPROPRIATIONS FOR TRAVEL FROM JULY 1 TO SEPT. 30, 2018

Name and country	Name of currency	Per diem		Transportation		Miscellaneous		Total	
		Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency	Foreign currency	U.S. dollar equivalent or U.S. currency
Senator Richard Shelby:									
Finland	Euro		430.61						430.61
Russia	Ruble		4,504.00						4,504.00
Norway	Krone		1,219.00						1,219.00
Senator Jerry Moran:									
Finland	Euro		430.61						430.61
Russia	Ruble		4,504.00						4,504.00
Norway	Krone		1,219.00						1,219.00
Senator John Hoeven:									
Finland	Euro		373.47						373.47
Russia	Ruble		4,218.29						4,218.29
Norway	Krone		349.19						349.19
Senator John Kennedy:									
Finland	Euro		430.61						430.61
Russia	Ruble		4,504.00						4,504.00
Norway	Krone		1,146.99						1,146.99
Senator Steve Daines:									
Finland	Euro		400.61						400.61
Russia	Ruble		3,271.00						3,271.00
Shannon Hines:									
Finland	Euro		372.06						372.06
Russia	Ruble		4,504.00						4,504.00