

treatment of 2 or more employers as joint employers under the National Labor Relations Act and the Fair Labor Standards Act of 1938.

S. 1266

At the request of Mr. MORAN, the name of the Senator from Delaware (Mr. CARPER) was added as a cosponsor of S. 1266, a bill to amend titles 10 and 38, United State Code, to improve benefits and services for surviving spouses, and for other purposes.

S. 1291

At the request of Mr. SCHATZ, the names of the Senator from Vermont (Mr. WELCH), the Senator from Oklahoma (Mr. MULLIN), the Senator from New Hampshire (Mrs. SHAHEEN) and the Senator from Nebraska (Mr. RICKETTS) were added as cosponsors of S. 1291, a bill to require that social media platforms verify the age of their users, prohibit the use of algorithmic recommendation systems on individuals under age 18, require parental or guardian consent for social media users under age 18, and prohibit users who are under age 13 from accessing social media platforms.

S. 1315

At the request of Mr. MORAN, the names of the Senator from Mississippi (Mr. WICKER) and the Senator from Alabama (Mr. TUBERVILLE) were added as cosponsors of S. 1315, a bill to improve the provision of care and services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

S. 1350

At the request of Mr. MERKLEY, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1350, a bill to require the Federal Trade Commission to issue regulations requiring certain products to have "Do Not Flush" labeling, and for other purposes.

S. 1453

At the request of Mr. WICKER, the name of the Senator from California (Mr. PADILLA) was added as a cosponsor of S. 1453, a bill to amend the Internal Revenue Code of 1986 to reinstate advance refunding bonds.

S. 1455

At the request of Mr. WICKER, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1455, a bill to amend the Internal Revenue Code of 1986 to provide for new markets tax credit investments in the Rural Jobs Zone.

S. 1562

At the request of Mr. MULLIN, the name of the Senator from North Dakota (Mr. HOEVEN) was added as a cosponsor of S. 1562, a bill to ensure that Federal laws that enable Federal, State, and local law enforcement agencies to access firearms apply equally to Tribal law enforcement agencies.

S. 1585

At the request of Mr. CORNYN, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor

of S. 1585, a bill to allow Federal law enforcement officers to purchase retired service weapons, and for other purposes.

S. 1669

At the request of Mr. MARKEY, the names of the Senator from Minnesota (Ms. KLOBUCHAR) and the Senator from Kansas (Mr. MARSHALL) were added as cosponsors of S. 1669, a bill to require the Secretary of Transportation to issue a rule requiring access to AM broadcast stations in motor vehicles, and for other purposes.

S. 1674

At the request of Mr. COTTON, the name of the Senator from North Dakota (Mr. HOEVEN) was added as a cosponsor of S. 1674, a bill to provide for better security and accountability with respect to the strategic and non-strategic nuclear arsenals of the Russian Federation and the People's Republic of China, and for other purposes.

S. 1731

At the request of Mr. CASEY, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 1731, a bill to provide grants to enable nonprofit disability organizations to develop training programs that support safe interactions between law enforcement officers and individuals with disabilities and older individuals.

S. 1736

At the request of Ms. BALDWIN, the names of the Senator from Iowa (Mr. GRASSLEY) and the Senator from Minnesota (Ms. KLOBUCHAR) were added as cosponsors of S. 1736, a bill to amend the Food, Conservation, and Energy Act of 2008 to reauthorize the Farm and Ranch Stress Assistance Network.

S. 1811

At the request of Mr. WICKER, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. 1811, a bill to ensure treatment in the military based on merit and performance, and for other purposes.

S. 1832

At the request of Mrs. SHAHEEN, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 1832, a bill to amend title XVIII of the Social Security Act to improve access to diabetes outpatient self-management training services, to require the Center for Medicare and Medicaid Innovation to test the provision of virtual diabetes outpatient self-management training services, and for other purposes.

S.J. RES. 25

At the request of Mr. SCOTT of South Carolina, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S.J. Res. 25, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Labor relating to "Adverse Effect Wage Rate Methodology for the Temporary Employment of H-2A Nonimmigrants in Non-Range Occupations in the United States".

S. RES. 208

At the request of Mrs. SHAHEEN, the names of the Senator from Maine (Mr. KING) and the Senator from Georgia (Mr. WARNOCK) were added as cosponsors of S. Res. 208, a resolution expressing support for the designation of November 12, 2023, as "National Warrior Call Day" and recognizing the importance of connecting warriors in the United States to support structures necessary to transition from the battlefield, especially peer-to-peer connection.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself, Mr. MARSHALL, Mr. WELCH, and Mr. VANCE):

S. 1838. A bill to amend the Electronic Fund Transfer Act to require the Board of Governors of the Federal Reserve system to prescribe regulations relating to network competition in credit card transactions, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. DURBIN. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1838

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 "Credit Card Competition Act of 2023".

SEC. 2. COMPETITION IN CREDIT CARD TRANSACTIONS.

(a) IN GENERAL.—Section 921 of the Electronic Fund Transfer Act (15 U.S.C. 1693o-2) is amended—

(1) in subsection (b)—

(A) by redesignating paragraphs (2), (3), and (4) as paragraphs (3), (4), and (5), respectively; and

(B) by inserting after paragraph (1) the following:

“(2) COMPETITION IN CREDIT CARD TRANSACTIONS.—

“(A) NO EXCLUSIVE NETWORK.—

“(i) IN GENERAL.—Not later than 1 year after the date of enactment of the Credit Card Competition Act of 2023, the Board shall prescribe regulations providing that a covered card issuer or payment card network shall not directly or through any agent, processor, or licensed member of a payment card network, by contract, requirement, condition, penalty, technological specification, or otherwise, restrict the number of payment card networks on which an electronic credit transaction may be processed to—

“(I) 1 such network;

“(II) 2 or more such networks, if—

“(aa) each such network is owned, controlled, or otherwise operated by—

“(AA) affiliated persons; or

“(BB) networks affiliated with such issuer; or

“(bb) any such network is identified on the list established and updated under subparagraph (D); or

“(III) subject to clause (ii), the 2 such networks that hold the 2 largest market shares with respect to the number of credit cards issued in the United States by licensed members of such networks (and enabled to be

processed through such networks), as determined by the Board on the date on which the Board prescribes the regulations.

“(ii) DETERMINATIONS BY BOARD.—

“(I) IN GENERAL.—The Board, not later than 3 years after the date on which the regulations prescribed under clause (i) take effect, and not less frequently than once every 3 years thereafter, shall determine whether the 2 networks identified under clause (i)(III) have changed, as compared with the most recent such determination by the Board.

“(II) EFFECT OF DETERMINATION.—If the Board, under subclause (I), determines that the 2 networks described in clause (i)(III) have changed (as compared with the most recent such determination by the Board), clause (i)(III) shall no longer have any force or effect.

“(B) NO ROUTING RESTRICTIONS.—Not later than 1 year after the date of enactment of the Credit Card Competition Act of 2023, the Board shall prescribe regulations providing that a covered card issuer or payment card network shall not—

“(i) directly or through any agent, processor, or licensed member of the network, by contract, requirement, condition, penalty, or otherwise—

“(I) inhibit the ability of any person who accepts credit cards for payments to direct the routing of electronic credit transactions for processing over any payment card network that—

“(aa) may process such transactions; and

“(bb) is not on the list established and updated by the Board under subparagraph (D);

“(II) require any person who accepts credit cards for payments to exclusively use, for transactions associated with a particular credit card, an authentication, tokenization, or other security technology that cannot be used by all of the payment card networks that may process electronic credit transactions for that particular credit card; or

“(III) inhibit the ability of another payment card network to handle or process electronic credit transactions using an authentication, tokenization, or other security technology for the processing of those electronic credit transactions; or

“(ii) impose any penalty or disadvantage, financial or otherwise, on any person for—

“(I) choosing to direct the routing of an electronic credit transaction over any payment card network on which the electronic credit transaction may be processed; or

“(II) failing to ensure that a certain number, or aggregate dollar amount, of electronic credit transactions are handled by a particular payment card network.

“(C) APPLICABILITY.—The regulations prescribed under subparagraphs (A) and (B) shall not apply to a credit card issued in a 3-party payment system model.

“(D) DESIGNATION OF NATIONAL SECURITY RISKS.—

“(i) IN GENERAL.—Not later than 1 year after the date of enactment of the Credit Card Competition Act of 2023, the Board, in consultation with the Secretary of the Treasury, shall prescribe regulations to establish a public list of any payment card network—

“(I) the processing of electronic credit transactions by which is determined by the Board to pose a risk to the national security of the United States; or

“(II) that is owned, operated, or sponsored by a foreign state entity.

“(ii) UPDATING OF LIST.—Not less frequently than once every 2 years after the date on which the Board establishes the public list required under clause (i), the Board, in consultation with the Secretary of the Treasury, shall update that list.

“(E) DEFINITIONS.—In this paragraph—

“(i) the terms ‘card issuer’ and ‘creditor’ have the meanings given the terms in section 103 of the Truth in Lending Act (15 U.S.C. 1602);

“(ii) the term ‘covered card issuer’ means a card issuer that, together with the affiliates of the card issuer, has assets of more than \$100,000,000,000;

“(iii) the term ‘credit card issued in a 3-party payment system model’ means a credit card issued by a card issuer that is—

“(I) the payment card network with respect to the credit card; or

“(II) under common ownership with the payment card network with respect to the credit card;

“(iv) the term ‘electronic credit transaction’—

“(I) means a transaction in which a person uses a credit card; and

“(II) includes a transaction in which a person does not physically present a credit card for payment, including a transaction involving the entry of credit card information onto, or use of credit card information in conjunction with, a website interface or a mobile telephone application; and

“(v) the term ‘licensed member’ includes, with respect to a payment card network—

“(I) a creditor or card issuer that is authorized to issue credit cards bearing any logo of the payment card network; and

“(II) any person, including any financial institution and any person that may be referred to as an ‘acquirer’, that is authorized to—

“(aa) screen and accept any person into any program under which that person may accept, for payment for goods or services, a credit card bearing any logo of the payment card network;

“(bb) process transactions on behalf of any person who accepts credit cards for payments; and

“(cc) complete financial settlement of any transaction on behalf of a person who accepts credit cards for payments.”; and

(2) in subsection (d)(1), by inserting “, except that the Bureau shall not have authority to enforce the requirements of this section or any regulations prescribed by the Board under this section” after “section 918”.

(b) EFFECTIVE DATE.—Each set of regulations prescribed by the Board of Governors of the Federal Reserve System under paragraph (2) of section 921(b) of the Electronic Fund Transfer Act (15 U.S.C. 1693o–2(b)), as amended by subsection (a) of this section, shall take effect on the date that is 180 days after the date on which the Board prescribes the final version of that set of regulations.

By Ms. COLLINS (for herself and Mrs. SHAHEEN):

S. 1855. A bill to reauthorize the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians; to the Committee on Health, Education, Labor, and Pensions.

Ms. COLLINS. Madam President, I rise today to introduce the Special Diabetes Program Reauthorization Act of 2023 with Senator JEANNE SHAHEEN, my colleague from New Hampshire and co-chair of the Senate Diabetes Caucus. Our bipartisan bill would reauthorize and strengthen vital type 1 diabetes research happening at the National Institutes of Health and renew critical treatment, education, and prevention programs for at-risk populations, specifically Native American and Alaska Native communities, who experience

type 2 diabetes at nearly three times the national average. Together, these programs have become the Nation's most strategic and effective effort to combat diabetes and its complications, but, without an extension, both programs are at risk of expiring on September 30, 2023.

For more than 25 years, the Special Diabetes Program—comprised of the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Indians, SDPI—has delivered meaningful resources and research breakthroughs for those with type 1 diabetes and also for Native Americans and Alaska Natives. This research has also led to advancements to the broader community, including the 37 million Americans with diabetes and 96 million with prediabetes. Our bill would continue these investments in the research aimed at developing a cure for diabetes and support the programs that help prevent and treat the disease and its complications.

In one of my very first meetings as a new Senator, I met a young Mainer with type 1 diabetes. I will never forget this 10-year-old boy looking up at me and telling me that he wished he could take just 1 day off from having diabetes—his birthday or Christmas—but of course he could not. This meeting led me to start the bipartisan Senate Diabetes Caucus and to begin fighting for a cure for this devastating disease.

Since then, we have made tremendous progress thanks to investments like the Special Diabetes Program. From new technologies that are making these children's lives easier to manage to treatments that can potentially delay the clinical diagnosis of type 1 diabetes, this program has generated a strong return on investment. Renewal of the SDP is absolutely critical to accelerating the progress we have made over the past two decades to treat and one day cure type 1 diabetes. Today's research represents tomorrow's cure.

As the cochairs of the Senate Diabetes Caucus, Senator SHAHEEN and I recently led a letter signed by 60 Senators advocating for the program's reauthorization and outlining why investing in the Special Diabetes Program is a cost-effective investment toward improving lives and reducing healthcare expenditures. The driving force behind this program is curing one of the United States' most costly diseases in both human and economic terms.

Our bill would reauthorize both components of the SDP through December 2025 at an annual funding level of \$170 million per program. Congress has reauthorized the SDP with bipartisan support numerous times since the program's inception in 1997. Yet funding has not increased since fiscal year 2004. During this time period, the cost of research has increased, as has the size of the Indian Health Service population and the cost of medical care. For that

reason, our bill also proposes a \$20 million increase per program. This would be the first increase for this program in 20 years.

The two programs in this reauthorization bill have had transformative effects on diabetes care. The first program is the Special Statutory Funding Program for Type 1 Diabetes Research, which provides funds to NIH's National Institute of Diabetes and Digestive and Kidney Diseases, NIDDK, for life-changing preventive diabetes research. For example, SDP-funded research laid early groundwork for artificial pancreas, AP, systems—or closed-loop “all-in-one” diabetes management systems—that have shown great promise in improving glucose monitoring and insulin delivery. Advances in technology have helped reduce costly and burdensome complications and improved the quality of life for those with the disease. There are now multiple FDA-approved artificial pancreas systems, enabling individuals with type 1 diabetes and their doctors to choose the system that works best for them. According to one study, the use of AP systems in adults could save Medicare roughly \$1 billion over 25 years.

SDP research has also helped researchers identify genes and environmental factors linked with type 1 diabetes, led to changes in clinical practice guidelines for diabetic eye care, and supported clinical trials on therapeutics to prevent and treat the disease. For example, landmark research conducted by SDP-funded TrialNet demonstrated for the first time ever that early preventive treatment with a drug targeting the immune system delayed onset of clinical-type 1 diabetes for 2 years. This drug has since been approved by the FDA and is the first ever disease modifying therapy for type 1 diabetes.

Continued investment in this program is essential to continue large-scale trials, plan next steps for research programs, conduct outreach and education, and allocate research resources effectively. As Dr. Griffin Rodgers, Director of the NIDDK, said when testifying at a Senate Aging Committee hearing I chaired in 2019, “with continued research, it is possible to imagine that people could lead a life free of the burden of Type 1 diabetes and its complications.”

Our bill would also provide \$170 million per year to sustain a second program, the Special Diabetes Program for Indians, SDPI. SDPI supports type 2 diabetes treatment and prevention strategies for Native American and Alaska Native populations who are disproportionately burdened with type 2 diabetes at a rate of nearly three times the national average. In Maine this program benefits five Tribal communities across the state, providing approximately 5 million dollars in support for diabetes prevention activities in those Tribal populations. This Federal support is critical to reducing disparities. As Chief William Nicholas of

the Passamaquoddy Tribe in Maine recently explained, “Special Diabetes Program funding is instrumental and necessary to educate and address high rates of diabetes in Indian Country. Native Americans are high risk for diabetes, and the funding will continue the much-needed support, education, and treatment in our communities.”

Tremendous improvements are occurring in diabetes outcomes for Alaska Natives and Native Americans, and the SDPI has played a key role, just as Congress envisioned when the program was created. Although diabetes rates among the IHS service population remain high, with the help of this program, diabetes rates in youth in these communities have not increased in more than 10 years, and diabetes rates in Alaska Native and Native American adults have not increased since 2011. Communities with SDPI-funded programs have actually seen the diabetes incidence rate decrease consistently since 2013.

The program is effective by other measures as well. Since SDPI began, there has been a 50-percent reduction in diabetic eye disease rates among Alaska Natives and Native Americans; hospitalizations for uncontrolled diabetes among Alaska Native and Native American adults have dropped by 84 percent; and the rate of end-stage renal disease has fallen by more than 50 percent. These positive clinical outcomes have reduced the risk for blindness, amputations, and kidney failure, in addition to preventing the onset of type 2 diabetes.

The Special Diabetes Program is funding research that is leading directly to the development of new insights and therapies that are improving the lives of those with diabetes and accelerating progress toward curing and preventing the disease. Ruby Anderson, a young Mainer with type 1 diabetes who testified before the 2019 JDRF Children's Congress, put an even finer point on the need to reauthorize the SDP. Ruby she said she doesn't want her brother or sister to have to go through what she has experienced. As she told Senators, “We need more research to find a cure. We need even better devices. And we need to figure out what causes T1D so we can stop it.”

I couldn't agree more with Ruby, and I am confident the Special Diabetes Program will make these objectives possible. I urge my colleagues to support a multi-year extension of this important program so that one day we will find a cure to this debilitating disease.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 239—DESIGNATING MAY 2023 AS “ALS AWARENESS MONTH”

Mr. WHITEHOUSE (for himself, Ms. MURKOWSKI, Mr. COONS, Mr. BRAUN, Mr. DURBIN, Mr. MARSHALL, Ms. KLO-

BUCHAR, Mr. COTTON, Mr. MERKLEY, and Ms. COLLINS) submitted the following resolution; which was considered and agreed to:

S. RES. 239

Whereas amyotrophic lateral sclerosis (referred to in this preamble as “ALS”) is a progressive neurodegenerative disease that affects nerve cells in the brain and the spinal cord;

Whereas the life expectancy for an individual with ALS is between 2 and 5 years after the date on which the individual receives an ALS diagnosis;

Whereas ALS occurs throughout the world with no racial, ethnic, gender, or socioeconomic boundaries;

Whereas ALS may affect any individual in any location;

Whereas the cause of ALS is unknown in up to 90 percent of cases;

Whereas approximately 10 percent of ALS cases have a strong known genetic driver;

Whereas, on average, the period between the date on which an individual first experiences symptoms of ALS and the date on which the individual is diagnosed with ALS is more than 1 year;

Whereas the onset of ALS often involves muscle weakness or stiffness, and the progression of ALS results in the further weakening, wasting, and paralysis of—

(1) the muscles of the limbs and trunk; and
(2) the muscles that control vital functions, such as speech, swallowing, and breathing;

Whereas ALS can strike individuals of any age, but it predominantly strikes adults;

Whereas it is estimated that tens of thousands of individuals in the United States have ALS at any given time;

Whereas, based on studies of the population of the United States, more than 5,000 individuals in the United States are diagnosed with ALS each year, and 15 individuals in the United States are diagnosed with ALS each day;

Whereas, every 90 minutes, someone dies from ALS in the United States;

Whereas the majority of individuals with ALS die of respiratory failure;

Whereas, in the United States, military veterans are more likely to be diagnosed with ALS than individuals with no history of military service;

Whereas, as of the date of introduction of this resolution, there is no cure for ALS;

Whereas the spouses, children, and family members of individuals living with ALS provide support to those individuals with love, day-to-day care, and more; and

Whereas an individual with ALS, and the caregivers of such an individual, can be required to bear significant costs for medical care, equipment, and home care services for the individual as the disease progresses: Now, therefore, be it

Resolved, That the Senate—

(1) designates May 2023 as “ALS Awareness Month”;

(2) affirms the dedication of the Senate to—

(A) ensuring individuals with amyotrophic lateral sclerosis (referred to in this resolving clause as “ALS”) have access to effective treatments and high quality services and supports as early as possible after diagnosis;

(B) identifying risk factors and causes of ALS to prevent new cases;

(C) empowering individuals with ALS to engage with the world in the way they want; and

(D) reducing the physical and emotional burdens of living with ALS; and

(3) commends the dedication of the family members, friends, organizations, volunteers, researchers, and caregivers across the United