

(Mr. SHEEHY) and the Senator from Delaware (Mr. COONS) were added as cosponsors of S. 2461, a bill to amend the Internal Revenue Code of 1986 and the Small Business Act to expand the availability of employee stock ownership plans in S corporations, and for other purposes.

S. 2686

At the request of Mr. BANKS, the name of the Senator from Missouri (Mr. SCHMITT) was added as a cosponsor of S. 2686, a bill to limit youth offender status in the District of Columbia to individuals 18 years of age or younger, to direct the Attorney General for the District of Columbia to establish and operate a publicly accessible website containing updated statistics on juvenile crime in the District of Columbia, to amend the District of Columbia Home Rule Act to prohibit the Council of the District of Columbia from enacting changes to existing criminal liability sentences, and for other purposes.

S. 2687

At the request of Mr. CRUZ, the names of the Senator from Mississippi (Mrs. HYDE-SMITH) and the Senator from Missouri (Mr. SCHMITT) were added as cosponsors of S. 2687, a bill to repeal the Comprehensive Policing and Justice Reform Amendment Act of 2022 enacted by the District of Columbia Council.

S. 2690

At the request of Mrs. MOODY, the name of the Senator from Mississippi (Mrs. HYDE-SMITH) was added as a cosponsor of S. 2690, a bill to amend title 49, United States Code, to require that commercial driver's licenses be restricted to United States citizens, lawful permanent residents, and individuals authorized by U.S. Citizenship and Immigration Services to engage in employment in the United States that includes driving a commercial motor vehicle, and for other purposes.

S. 2702

At the request of Mr. BANKS, the name of the Senator from Missouri (Mr. HAWLEY) was added as a cosponsor of S. 2702, a bill to require local educational agencies, State educational agencies, and other governmental education entities to respect the rights of parents regarding gender transition, and for other purposes.

S. 2709

At the request of Mr. SCOTT of South Carolina, the names of the Senator from Alaska (Mr. SULLIVAN), the Senator from Minnesota (Ms. SMITH), the Senator from West Virginia (Mrs. CAPITO) and the Senator from Delaware (Mr. COONS) were added as cosponsors of S. 2709, a bill to amend title XVIII of the Social Security Act to extend certain telehealth flexibilities under the Medicare program.

S. 2718

At the request of Mr. WARNER, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 2718, a bill to amend the Community Development Banking and Finan-

cial Institutions Act of 1994 to provide for capitalization assistance to enhance liquidity.

S. 2726

At the request of Mr. BANKS, the names of the Senator from Tennessee (Mr. HAGERTY) and the Senator from Utah (Mr. LEE) were added as cosponsors of S. 2726, a bill to prescribe Guiding Principles for Federal Architecture, and for other purposes.

S. RES. 374

At the request of Ms. ALSOBROOKS, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. Res. 374, a resolution expressing the sense of the Senate that Secretary of Health and Human Services Robert Fitzgerald Kennedy Jr. does not have the confidence of the Senate or of the American people to faithfully carry out the duties of his office and should be removed from his position.

AMENDMENT NO. 3210

At the request of Ms. DUCKWORTH, the name of the Senator from Hawaii (Ms. HIRONO) was added as a cosponsor of amendment No. 3210 intended to be proposed to S. 2296, an original bill to authorize appropriations for fiscal year 2026 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3592

At the request of Mr. WELCH, the names of the Senator from Washington (Mrs. MURRAY) and the Senator from New Mexico (Mr. LUJÁN) were added as cosponsors of amendment No. 3592 intended to be proposed to S. 2296, an original bill to authorize appropriations for fiscal year 2026 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3732

At the request of Mr. DAINES, the name of the Senator from Alaska (Mr. SULLIVAN) was added as a cosponsor of amendment No. 3732 intended to be proposed to S. 2296, an original bill to authorize appropriations for fiscal year 2026 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3761

At the request of Mr. PAUL, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of amendment No. 3761 intended to be proposed to S. 2296, an original bill to authorize appropriations for fiscal year 2026 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 378—SUPPORTING THE DESIGNATION OF THE WEEK OF SEPTEMBER 8 THROUGH SEPTEMBER 12, 2025, AS “MALNUTRITION AWARENESS WEEK”

Mr. MURPHY submitted the following resolution; which was referred to the Committee on Agriculture, Nutrition, and Forestry:

S. RES. 378

Whereas malnutrition is the condition that occurs when a person does not get enough protein, calories, or nutrients;

Whereas malnutrition is a significant problem in the United States and around the world, crossing all age, racial, class, gender, and geographic lines;

Whereas malnutrition can be determined by social drivers of health, including poverty or economic instability, access to affordable health care, and low health literacy;

Whereas there are inextricable and cyclical links between poverty and malnutrition;

Whereas the Department of Agriculture defines food insecurity as when a person or household does not have regular, reliable access to the foods needed for good health;

Whereas communities of color, across all age groups, are disproportionately likely to experience both food insecurity and malnutrition;

Whereas American Indian and Alaska Native households are at significantly greater risk for food insecurity than all households in the United States;

Whereas 1 in 18 Asian Americans and 1 in 5 Pacific Islanders experience food insecurity;

Whereas Black children are almost 3 times more likely to live in a food-insecure household than White children;

Whereas infants, older adults, people with chronic diseases, and other vulnerable populations are particularly at risk for malnutrition;

Whereas the American Academy of Pediatrics has found that failure to provide key nutrients during early childhood may result in lifelong deficits in brain function;

Whereas disease-associated malnutrition affects between 30 and 50 percent of patients admitted to hospitals, and the medical costs of hospitalized patients with malnutrition can be 300 percent more than the medical costs of properly nourished patients;

Whereas deaths from malnutrition have increased among adults 85 and older since 2013;

Whereas, according to the “National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update”, as many as half of older adults living in the United States are malnourished or at risk for malnutrition;

Whereas, according to recent Aging Network surveys, 76 percent of older adults receiving meals at senior centers and other congregate facilities report improved health outcomes, and 84 percent of older adults receiving home-delivered meals indicate the same;

Whereas older adults receiving home-delivered meals for 2 to 5 years were 72 percent less likely to be at risk of malnutrition compared with those receiving home-delivered meals for not longer than 6 months;

Whereas disease-associated malnutrition in older adults alone costs the United States more than \$51,300,000,000 each year; and

Whereas the American Society for Parenteral and Enteral Nutrition established “Malnutrition Awareness Week” to raise

awareness and promote prevention of malnutrition across the lifespan: Now, therefore, be it

Resolved, That the Senate—

(1) supports the designation of “Malnutrition Awareness Week”;

(2) recognizes registered dietitian nutritionists and other nutrition professionals, health care providers, school food service workers, those who provide home-delivered meals, social workers, advocates, caregivers, and other professionals and agencies for their efforts to advance awareness, treatment, and prevention of malnutrition;

(3) recognizes the importance of existing Federal nutrition programs, like the nutrition programs established under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) and Federal child nutrition programs, for their role in combating malnutrition, and supports increased funding for these critical programs;

(4) recognizes the role of community-based organizations, food banks, faith-based organizations, and local agencies and the need for partnerships among them and with healthcare providers in preventing and addressing malnutrition in underserved areas;

(5) recognizes—

(A) the importance of medical nutrition therapy under the Medicare Program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); and

(B) the need for vulnerable populations to have adequate access to nutrition counseling;

(6) recognizes the importance of the innovative research conducted by the National Institutes of Health on—

(A) nutrition, dietary patterns, and the human gastrointestinal microbiome; and

(B) how those factors influence the prevention or development of chronic disease throughout the lifespan;

(7) recognizes that malnutrition affects people of all ages and backgrounds and that early identification and intervention can reduce health care costs, hospital readmissions, and long-term complications;

(8) encourages the Centers for Medicare and Medicaid Services to facilitate the implementation of the new Malnutrition Care Score, an electronic clinical quality measures for adults over the age of 18;

(9) acknowledges the importance of healthy food access for children, especially in childcare settings and schools, and the benefits of evidence-based nutrition standards; and

(10) acknowledges that addressing malnutrition is critical to achieving national goals related to chronic disease prevention, healthy aging, and good health for all.

SENATE RESOLUTION 379—AMENDING THE STANDING RULES OF THE SENATE TO AUTHORIZE THE MAJORITY LEADER TO MOVE TO PROCEED TO THE EN BLOC CONSIDERATION OF CERTAIN NOMINATIONS

Mr. CORNYN submitted the following resolution; which was referred to the Committee on Rules and Administration:

S. RES. 379

Resolved,

SECTION 1. EN BLOC CONSIDERATION OF CERTAIN NOMINATIONS.

Rule XXXI of the Standing Rules of the Senate is amended by adding at the end the following:

“8.(a) In this paragraph, the term ‘covered nomination’ means a nomination to a position that is not a position—

“(1) at level I of the Executive Schedule under section 5312 of title 5, United States Code;

“(2) as a judge of a court of appeals of the United States; or

“(3) as Chief Justice of the United States or as an Associate Justice of the Supreme Court of the United States.

“(b) It shall be in order for the Majority Leader to move to proceed to the en bloc consideration of not more than 10 covered nominations that were reported to the Senate by the same committee of the Senate and placed on the calendar.

“(c) Consideration of a motion to proceed under subparagraph (b), and the en bloc consideration of the nominations that are the subject of the motion, shall be conducted in the same manner as if it were a motion to proceed to the consideration of a single nomination.”.

SENATE RESOLUTION 380—URGING THE PROTECTION OF MEDICARE FROM THE DEVASTATING CUTS CAUSED BY H.R. 1

Mr. WHITEHOUSE submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 380

Whereas the Congressional Budget Office (referred to in this preamble as “CBO”) has estimated that the Act entitled “An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14”, approved July 4, 2025 (Public Law 119-21; 139 Stat. 72) (commonly known as the “One Big Beautiful Bill Act”) and referred to in this preamble as “H.R. 1”) will add \$4,100,000,000,000 to the deficit between 2025 and 2034;

Whereas such an increase to the deficit will automatically trigger across-the-board spending cuts, called “sequestration”, under the Statutory Pay-As-You-Go Act of 2010 (42 U.S.C. 931 et seq.) (referred to in this preamble as “S-PAYGO”);

Whereas sequestration will impose indiscriminate, across-the-board spending cuts to social safety net programs that millions of families in the United States rely on;

Whereas the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), a critical lifeline for the people of the United States, is not exempt from sequestration under S-PAYGO;

Whereas CBO has estimated that \$45,000,000,000 will be cut from Medicare by sequestration in 2026 alone;

Whereas CBO has estimated that a total of \$536,000,000,000 will be cut from Medicare by sequestration through 2034;

Whereas these Medicare sequestration cuts compound nearly \$1,000,000,000,000 in health care reductions under H.R. 1, stripping coverage from 15,000,000 people of the United States and further undermining the financial stability of health care providers;

Whereas more than 67,000,000 people of the United States relied on Medicare for their health care coverage in 2024;

Whereas cuts of this magnitude will jeopardize the financial stability of community health centers, hospitals, providers, and many others who rely on Medicare payments to serve seniors, people with disabilities, and those with end-stage renal disease;

Whereas Republicans’ partisan bill expanded the national debt by \$4,100,000,000,000, and the Republicans chose not to protect the people of the United States from these cuts; and

Whereas the people of the United States have paid into Medicare throughout their working lives with the expectation that their earned benefits will be protected: Now, therefore, be it

Resolved, That—

(1) the Senate should protect the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) from devastating cuts caused by the Act entitled “An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14”, approved July 4, 2025 (Public Law 119-21; 139 Stat. 72) (commonly known as the “One Big Beautiful Bill Act” and referred to in this resolution as “H.R. 1”);

(2) the Senate should safeguard seniors’ Medicare benefits and essential social services that are jeopardized by the cuts triggered by H.R. 1; and

(3) seniors who have paid into Medicare throughout their working lives should be protected from reckless, across-the-board cuts to their health care.

SENATE RESOLUTION 381—TO DESIGNATE SEPTEMBER 9, 2025, AS “NATIONAL WORLD WAR II ITALIAN CAMPAIGN REMEMBRANCE DAY”, AND TO RECOGNIZE THE SACRIFICES MADE BY AMERICAN AND ALLIED SOLDIERS WHO LIBERATED ITALY FROM GERMAN OCCUPATION DURING WORLD WAR II

Mr. MORAN (for himself, Mrs. BLACKBURN, Mr. BOOZMAN, Mr. REED, Mr. SCOTT of Florida, and Mr. SHEEHY) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 381

Whereas the Allied invasion of Sicily began on July 9, 1943, with the first-ever large scale assault in the history of the United States Army;

Whereas, between July 9 and 10, 1943, the Allies executed the single largest amphibious landing of troops to that point in World War II, bringing more than 180,000 soldiers ashore on Sicily as part of Operation Husky;

Whereas the Cassibile Armistice was signed on September 3, 1943, and publicly announced on September 8, 1943, marking the surrender of Italy to the Allies and the withdrawal of Italy from the Axis powers;

Whereas September 9, 1943, marks the beginning of the liberation of mainland Italy from German occupation, with American forces landing at Salerno and along the Amalfi Coast for the launch of Operation Avalanche;

Whereas the campaign to reach Rome included many hard-fought engagements, including the months-long struggle at Monte Cassino and the Battle of Anzio;

Whereas, on June 4, 1944, the Fifth Army of the United States entered Rome, becoming the first Allied force to liberate a European capital from German occupation;

Whereas the United States Office of Strategic Services worked with Italian partisan networks to support the April 1945 uprising and to lay the groundwork for post-war democratic reconstruction in Italy;

Whereas, on April 29, 1945, the surrender at Caserta resulted in the capitulation of nearly 1,000,000 Axis troops in the Italian theater, the largest surrender of German forces at that point in the war;

Whereas, on April 30, 1945, the death of Adolf Hitler signaled the collapse of Nazi leadership, occurring just 1 day after the German surrender in Italy;

Whereas, on May 2, 1945, the unconditional surrender of German forces in Italy took effect, liberating the Italian peninsula;

Whereas, on May 7, 1945, the overall German surrender in Europe took place;