

States in decades, to upgrade the purity of gold to meet global market standards, and to conduct subsequent audits every 5 years.

S. 3235

At the request of Mr. MARKEY, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 3235, a bill to amend the Older Americans Act of 1965 to provide for food-based interventions.

S. 3279

At the request of Mrs. GILLIBRAND, the names of the Senator from California (Mr. PADILLA), the Senator from Illinois (Mr. DURBIN) and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of S. 3279, a bill to prohibit discrimination on the basis of religion, sex (including sexual orientation and gender identity), and marital status in the administration and provision of child welfare services, to improve safety, well-being, and permanency for lesbian, gay, bisexual, transgender, and queer or questioning foster youth, and for other purposes.

S.J. RES. 95

At the request of Mr. WYDEN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S.J. Res. 95, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Internal Revenue Service relating to "Interim Guidance Simplifying Application of the Corporate Alternative Minimum Tax to Partnerships".

S. RES. 236

At the request of Mr. GRASSLEY, the name of the Senator from Nevada (Ms. CORTEZ MASTO) was added as a cosponsor of S. Res. 236, a resolution calling for the return of abducted Ukrainian children before finalizing any peace agreement to end the war against Ukraine.

S. RES. 323

At the request of Mr. MARKEY, the name of the Senator from Maryland (Ms. ALSOBROOKS) was added as a cosponsor of S. Res. 323, a resolution urging the United States to lead a global effort to halt and reverse the nuclear arms race.

S. RES. 511

At the request of Ms. HIRONO, the names of the Senator from Illinois (Mr. DURBIN) and the Senator from Vermont (Mr. WELCH) were added as cosponsors of S. Res. 511, a resolution supporting the goals and principles of Transgender Day of Remembrance by recognizing the epidemic of violence toward transgender people and memorializing the lives lost this year.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself and Mr. BLUMENTHAL):

S. 3296. A bill to amend chapter 81 of title 5, United States Code, to cover,

for purposes of workers' compensation under such chapter, services by physician assistants and nurse practitioners provided to injured Federal workers, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

Ms. COLLINS. Mr. President, I rise today to introduce the Improving Access to Workers' Compensation for Injured Federal Workers Act. I am pleased that my colleague from Connecticut Senator BLUMENTHAL is my lead cosponsor on this bill.

Our bipartisan bill would allow physician assistants and nurse practitioners to certify disabilities and oversee treatment for Federal workers with injuries or illnesses that occur on the job, when doing so is consistent with the scope of their practice under State law.

Civil servants bring dedication, competence, and experience to their work, and this proposal affords them greater choice over their own healthcare in the event that they suffer a work-related injury or illness. Federal employees can already select a PA or NP as their primary healthcare provider within the Federal Employees Health Benefits Program.

However, and inexplicably, the Federal Employees' Compensation Act permits only a physician to make the diagnosis, certify the injury and extent of the disability, and to oversee the patient's treatments and care when a Federal employee is injured on the job.

This bill would allow the more than 2 million Federal employees in our country, including more than 12,000 Federal employees in the State of Maine, the ability to receive their healthcare from the practitioner of their choice after a work-related injury. When they can make their own choice, they have access to more timely care and continuity of care. They are also having the decisions about their healthcare and the extent of their disability or illness made by their primary care physician who knows them best, who understands their healthcare history.

Mainers, especially in our very rural communities, are often cared for by nurse practitioners or physician assistants. They act as their primary care providers. Let me give you an example. Jackie Carter and Corinne Malenfant are two nurse practitioners with a primary care practice in Orland, ME. They have described the challenges they face when they treat Federal employees.

Despite being the chosen healthcare provider of their federally employed patients, Jackie and Corinne are not authorized to certify their patients' injuries and illnesses and oversee the care for their work-related injuries under the Federal Employees' Compensation Act. As a result, their patients can experience lengthy delays in starting treatment due to the requirement that only a physician can certify the injury and oversee the Federal employee's care while in the Workers' Compensation Program.

In some very rural communities, Mr. President—and I suspect this may be true in parts of your State as well—there simply aren't any physicians who are practicing, or they are unable to accommodate additional patients.

So think about the situation that is created here. A Federal employee, who has a primary care provider who is, say, a nurse practitioner or a physician assistant, is injured on the job, but instead of immediately being able to go to this primary care provider, they have to wait until they can get in to see a physician—a physician who may be miles away and unable to see them quickly, a physician who does not know their history. They can't proceed with getting the Federal employee's benefits and healthcare treatments they need to get well and return to work. That just makes no sense in rural America today.

It is important to emphasize that this bill defers to State law. It would not expand the scope of any practice. Instead, it would simply remove a barrier that prevents dedicated healthcare professionals from practicing as their State permits them to do.

NPs and PAs already provide a significant amount of healthcare to injured Federal employees, but within the Federal Employees' Compensation Act, while they are not currently authorized to certify injuries and oversee patient treatment, they are authorized to treat injured Federal employees and be reimbursed for their services but only in cases where a physician has first certified the injury and continues to oversee the treatment. That is redundant, it causes delays, and it does not make sense.

Federal programs have long recognized the importance of nurse practitioners and physician assistants. Yet the Federal Employees' Compensation Act is an outlier in the restrictive nature of the program when it comes to NPs and PAs and their patients. Modernizing the Federal Employees' Compensation Act through the reforms contained in this legislation would be consistent with the practices of numerous other Federal Agencies and programs, including Medicare, the Veterans' Administration, the Federal Motor Carrier Safety Administration, the Indian Health Service, and the Social Security Administration. They don't create this additional barrier.

In rural communities, NPs and PAs may well be the only provider within a reasonable distance. Delaying the certification of injuries or illnesses for Federal workers means delays in their care. The longer those delays take, the longer before they can get the treatment they need to return to their jobs.

I also want to note that this bill would not increase Federal spending. The Congressional Budget Office has found that this bill would have an insignificant net effect on direct spending, reasoning that while it may increase access to care for injured Federal employees, it would be offset by

enabling them to return to work more quickly and to continue to serve the American people.

Passage of the Improving Access to Workers' Compensation for Injured Federal Workers Act is a winner across the board. It simply makes common sense. It provides our dedicated Federal employees with additional healthcare options when they need it most. It allows NPs and PAs to share the knowledge they already have about their patients and treat their illnesses and injuries that are work-related in a timely fashion.

I urge all of my colleagues to join Senator BLUMENTHAL and me in supporting our bill.

By Mr. DURBIN (for himself, Mr. LEE, Mr. GRASSLEY, Ms. KLOBUCHAR, Mr. CRUZ, Mr. COONS, Mr. BLUMENTHAL, Ms. HIRONO, Mr. OSSOFF, and Mr. WELCH):

S. 3307. A bill to amend title 5, United States Code, relative to the powers of the Inspector General of the Department of Justice; to the Committee on the Judiciary.

Mr. DURBIN. Mr. 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. 3307

*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 "Inspector General Access Act of 2025".

#### SEC. 2. INVESTIGATIONS OF DEPARTMENT OF JUSTICE PERSONNEL.

Section 413 of title 5, United States Code, is amended—

- (1) in subsection (b)—
  - (A) in paragraph (2), by striking "and paragraph (3)";
  - (B) by striking paragraph (3);
  - (C) by redesignating paragraphs (4) and (5) as paragraphs (3) and (4), respectively; and
  - (D) in paragraph (4), as so redesignated, by striking "paragraph (4)" and inserting "paragraph (3)"; and
- (2) in subsection (d), by striking ", except with respect to allegations described in subsection (b)(3)."

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 521—CELEBRATING THE 50TH ANNIVERSARY OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT ON NOVEMBER 29, 2025, AND RECOGNIZING ITS TRANSFORMATIVE IMPACT ON THE EDUCATION OF CHILDREN WITH LEARNING DISABILITIES

Mr. VAN HOLLEN submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 521

Whereas, on November 29, 1975, President Gerald R. Ford signed the Education for All Handicapped Children Act (Public Law 94-

142; 89 Stat. 773), which was later renamed the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.);

Whereas, prior to the enactment of IDEA, more than 1,000,000 children with disabilities were excluded from public schools, and many children with disabilities were institutionalized or received inadequate or segregated education;

Whereas IDEA established the right of every child with a disability to a free appropriate public education in the least restrictive environment, fundamentally transforming the educational landscape for millions of students;

Whereas IDEA affirms and protects the rights of children with disabilities and their families, ensuring access to educational opportunities and procedural safeguards;

Whereas IDEA supports the development and implementation of statewide, comprehensive, coordinated, multidisciplinary, and interagency systems of early intervention services for infants, toddlers, and preschool-age children with disabilities and their families;

Whereas IDEA ensures parents are meaningful partners with educators in determining the individualized education program or early intervention services a child needs;

Whereas IDEA provides the necessary tools to improve educational access and opportunity through systemic supports and improvement activities, parent training, coordinated research and personnel preparation, technical assistance, dissemination of best practices, and access to accessible assistive technology and other supports; and

Whereas Congress appropriates funding annually for Part B, C, and D programs of IDEA, which support the full range of evidence-based services and supports for students with disabilities, families, educators, States, and localities: Now, therefore, be it Resolved, That the Senate—

- (1) recognizes and celebrates the 50th anniversary of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.) and its enduring legacy and impact;
- (2) honors the millions of infants, toddlers, children, and youth who have benefited from IDEA;
- (3) commends the educators, families, advocates, and policymakers who have worked to uphold, advance, and ensure students benefit from IDEA; and
- (4) reaffirms its commitment to carrying out IDEA to ensure that every child with a disability has access to a high-quality education and the opportunity to thrive.

#### SENATE RESOLUTION 522—COMMEMORATING AND SUPPORTING THE GOALS OF WORLD AIDS DAY

Mr. BOOKER submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 522

Whereas, as of the end of 2024, an estimated 40,800,000 people were living with human immunodeficiency virus (referred to in this preamble as "HIV") or acquired immunodeficiency syndrome (referred to in this preamble as "AIDS"), including 1,400,000 children;

Whereas, in the United States, more than 790,000 people with AIDS have died since the beginning of the HIV epidemic, including over 19,300 deaths among people with diagnosed HIV in 2022, with the disease disproportionately affecting communities of color;

Whereas, in 2023, over 39,000 people became newly diagnosed with HIV in the United States;

Whereas, while all races and ethnicities are affected by HIV in the United States, communities of color are disproportionately impacted;

Whereas, in order to address the HIV epidemic in the United States, on August 18, 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency Act (Public Law 101-381; 104 Stat. 576) (commonly referred to as the "Ryan White CARE Act") to provide primary medical care and essential support services for people living with HIV who are uninsured or underinsured;

Whereas the Ryan White HIV/AIDS Program provides services and support for over half of all people diagnosed with HIV in the United States;

Whereas, to further focus attention on the HIV and AIDS epidemic among minority communities in the United States, in 1998, the Minority AIDS Initiative was established to provide funds to State and local institutions and organizations to best serve the needs of racial and ethnic minorities living with HIV;

Whereas the United Nations Sustainable Development Goals established a global target to end AIDS as a public health threat by 2030;

Whereas, in order to further address the global HIV and AIDS epidemic, in 2003, Congress and the administration of President George W. Bush, with bipartisan support, created the President's Emergency Plan for AIDS Relief (referred to in this preamble as "PEPFAR"), which for more than 2 decades has served as the primary policy instrument of the United States to address HIV and AIDS in the developing world;

Whereas the United States PEPFAR program remains the largest commitment in history by any country to combat a single disease;

Whereas 26,000,000 lives have been saved through PEPFAR;

Whereas, as of September 30, 2024, PEPFAR has supported treatment for approximately 20,600,000 people and has enabled 7,800,000 infants of mothers living with HIV to be born HIV-free;

Whereas, in fiscal year 2024, PEPFAR directly supported testing and counseling for 84,100,000 people;

Whereas the Global Fund to Fight AIDS, Tuberculosis and Malaria, launched in 2002, has helped provide antiretroviral therapy to approximately 25,600,000 people living with HIV or AIDS and to 648,000 pregnant women to prevent the transmission of HIV and AIDS to their children and, as of 2025, has saved an estimated 70,000,000 lives;

Whereas the United States is the largest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and every \$1 contributed by the United States leverages an additional \$2 from other donors, as required by law;

Whereas considerable progress has been made in the fight against HIV and AIDS, including an approximately 40-percent reduction in new HIV transmissions, an approximately 60-percent reduction in new HIV infections among children, and a reduction of over 50 percent in the number of AIDS-related deaths between 2010 and 2024;

Whereas approximately 31,600,000 people had access to antiretroviral therapy in 2024, compared to only 7,700,000 people who had access to such therapy in 2010;

Whereas research funded by the National Institutes of Health found not only that HIV treatment saves the lives of people living with HIV, but people living with HIV on effective antiretroviral therapy and who are durably virally suppressed cannot sexually transmit HIV, proving that HIV treatment is prevention;