

STATEMENTS ON INTRODUCED
BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself, Mr. SCOTT of South Carolina, Ms. SMITH, and Mr. LANKFORD):

S. 4109. A bill to reauthorize the Stem Cell Therapeutic and Research Act of 2005, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, today, I am pleased to introduce the Stem Cell Therapeutic and Research Reauthorization Act of 2026 with Senators TIM SCOTT, TINA SMITH, and JAMES LANKFORD.

Our bipartisan bill will reauthorize the C.W. Bill Young National Marrow Donor Program and the National Cord Blood Inventory, which help individuals diagnosed with leukemia and lymphomas, sickle cell anemia, and rare genetic blood disorders find suitable bone marrow or umbilical cord blood donors.

More than 18,000 individuals are diagnosed with diseases like blood cancer and sickle cell disease each year and hope for a blood stem cell or bone marrow transplant to help treat or even cure their disease. Since the 1980s, the public registries created under these programs have been a lifeline for the more than 75 percent of Americans who do not have a matched donor in their families. By strengthening and enhancing the important programs operating these registries, many more Americans will be afforded the opportunity to find a match if they are ever in need.

I look forward to swift consideration of this legislation in the Senate Health, Education, Labor, and Pensions Committee and working toward passage in the full Senate.

By Mr. REED (for himself and Ms. MURKOWSKI):

S. 4110. A bill to revise and extend health workforce programs under title VII of the Public Health Service Act; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, I am pleased to be introducing the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness, EMPOWER, for Health Act with Senator Murkowski. Our bipartisan legislation would reauthorize funding for the title VII health professions programs to help strengthen the distribution, quality, and diversity of the health professions workforce so it is better prepared to meet the country's evolving and emerging health care needs.

The title VII health professions programs have a longstanding history of increasing the supply of primary care professionals, expanding access to care in rural and urban underserved areas, and developing a workforce that reflects the Nation's diversity and the needs of patients. At a time when the country is facing persistent health provider shortages, it is critical that we continue to support the programs that

build our healthcare workforce, such as scholarships for disadvantaged students, public health and preventive medicine, geriatrics training, area health education centers, oral health training, and primary care medicine.

These education and training programs guide current and aspiring health professionals to high-demand careers in areas of greatest need, and this legislation will take an important step in ensuring that these programs can continue to serve students and patients for years to come. Our legislation addresses some ongoing challenges with the Pediatric Subspecialty Loan Repayment Program, clarifying eligibility requirements and making it easier for qualified pediatric subspecialists to apply.

I want to thank the stakeholders supporting this bill, including AIDS Action Baltimore, AIDS Foundation Chicago, the AIDS Institute, the AIDS Vaccine Advocacy Coalition, the American Academy of Pediatrics, the American Association of Medical Colleges, the American Public Health Association, the American Society for Microbiology, the Association of Schools and Programs of Public Health, Big Cities Health Coalition, the Children's Hospital Association, Fast-Track Health, the Gerontological Society of America, the HIV Dental Alliance, the HIV Medicine Association, the Infectious Diseases Society of America, the International Association of Providers of AIDS Care, the National Alliance of State and Territorial AIDS Directors, the National Association of County & City Health Officials, the National Association for Geriatric Education, the National Hispanic Medical Association, NMAC, the San Francisco AIDS Foundation, and the Society of Infectious Diseases Pharmacists and I urge my colleagues to join me and Senator MURKOWSKI in working to pass the EMPOWER for Health Act this year.

By Mr. SCHUMER:

S. 4124. A bill to prohibit funds made available to the Department of Justice from being used to make a personal payment to the President in connection with a claim that is subject to the Federal Tort Claims Act, whether in the form of a settlement or any other payment from the Judgment Fund for the personal benefit of the President; read the first time.

Mr. SCHUMER. 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. 4124

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

SECTION 1. PROHIBITION ON USING FUNDS MADE AVAILABLE TO THE DEPARTMENT OF JUSTICE FOR PAYMENTS TO THE PRESIDENT WITH RESPECT TO TORT CLAIMS.

None of the funds made available to the Department of Justice before, on, or after

the date of enactment of this Act may be used to approve or facilitate a claim that—

(1) is subject to chapter 171 of title 28, United States Code (commonly known as the "Federal Tort Claims Act"); and

(2) results in a personal payment to the President, whether in the form of a settlement or any other payment issued under section 1304 of title 31, United States Code, (commonly known as the "Judgment Fund") for the personal benefit of the President.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 645—RECOGNIZING 2026 AS THE "INTERNATIONAL YEAR OF RANGELANDS AND PASTORALISTS"

Ms. LUMMIS (for herself, Mr. LUJÁN, Mr. ROUNDS, Mr. RICKETTS, Mrs. BLACKBURN, Mr. DAINES, Mr. MORAN, Mrs. HYDE-SMITH, Mr. CURTIS, Mr. CRAPO, Mr. HICKENLOOPER, Ms. ROSEN, and Ms. CORTEZ MASTO) submitted the following resolution; which was referred to the Committee on Energy and Natural Resources:

S. RES. 645

Whereas rangelands cover up to 770,000,000 acres of land in the United States;

Whereas rangelands include prairies, grasslands, pampas, shrublands, wetlands, woodlands, savannas, chaparrals, steppes, and tundras inhabited by grasses, grass-like plants, forbs, or shrubs that comprise nearly 36 percent of land in the United States;

Whereas rangelands are economically, socially, and culturally vital to human communities through an array of ecological services, water resources, biodiversity, wildlife habitat, and carbon sequestration and storage, and provide renewable and nonrenewable energy resources and aesthetic and recreational opportunities;

Whereas American rangelands are crucial for domestic production of forage, food, and fiber like beef, lamb, wool, and hides, as more than 50 percent of the national sheep herd and 60 percent of the Western cattle herd spend some time on Federal public rangelands;

Whereas rangelands cover over half the terrestrial surface of the globe, totaling more than 19,800,000,000 acres and supporting nearly 2,000,000,000 people;

Whereas pastoral grazing management decreases the risk of catastrophic wildfire by up to 60 percent, makes rangelands more diverse and resilient, and increases biodiversity;

Whereas pastoralists are the ranchers, nomads, and transhumant herders who raise livestock or semi-domesticated animals as they steward and protect these rangelands;

Whereas American pastoralists and ranchers have generations of traditional knowledge in managing these landscapes and use science-based management, adaptive grazing practices, and emerging information and technologies to support ecological balance and economic productivity;

Whereas American ranchers and land management stewards work with the Federal Government to manage 43 percent of the rangelands across the country, with millions of acres managed as private land on agricultural operations;

Whereas rangelands and the pastoralists who manage them play a key role in domestic food security, rural community viability, and ecosystem health in the United States and worldwide;

Whereas the United Nations, in recognition of the vital nature of rangelands and the significance of pastoralism to the stewardship and societal benefits of rangelands, designated 2026 as the “International Year of Rangelands and Pastoralists”;

Whereas national, regional, provincial, and local governments around the world will celebrate the International Year of Rangelands and Pastoralists in 2026 through education, research, advertisements, films, and advocacy efforts that are supportive of rangelands and pastoralists; and

Whereas the International Year of Rangelands and Pastoralists provides an opportunity for the United States to highlight the contributions of pastoralists, ranchers, farmers, scientists, and land managers in the United States and across the world who work on behalf of multiple-use and sustainable rangeland management: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes 2026 as the “International Year of Rangelands and Pastoralists”;

(2) recognizes the economic, social, and ecological importance of rangelands and the ranchers, farmers, land managers, pastoralists, and partners who have been caretakers of the American rangelands for generations; and

(3) encourages Federal agencies, universities, and organizations across the country to engage in activities that promote education, research, and outreach related to rangeland management.

SENATE RESOLUTION 646—RECOGNIZING MARCH 14, 2026, AS “BLACK MIDWIVES DAY” AND THE LONGSTANDING AND INVALUABLE CONTRIBUTIONS OF BLACK MIDWIVES TO MATERNAL AND INFANT HEALTH IN THE UNITED STATES

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

S. RES. 646

Whereas recognizing March 14, 2026, as “Black Midwives Day” underscores the importance of midwifery in helping to achieve better maternal health outcomes by addressing fundamental gaps in access to high-quality care and multiple aspects of well-being;

Whereas the Black Midwives Day campaign, founded and led by the National Black Midwives Alliance in 2023, is a day of awareness, activism, education, and community building;

Whereas March 14, 2026, is intended to increase attention for the state of Black maternal health in the United States, the root causes of poor maternal health outcomes, and for community-driven policy, program, and care solutions;

Whereas the United States is experiencing a maternity care desert crisis in which more than 2,300,000 women of childbearing age live in maternity care deserts where they have no hospital offering obstetric care, no birth center, and no obstetric clinic;

Whereas maternity care deserts lead to higher risks of maternal morbidity and mortality as most complications occur in the postpartum period when patients are far away from their providers;

Whereas midwife-led care has been shown to result in cost savings, reduced medical interventions, lower cesarean rates, decreased preterm births, and improved health outcomes for both mothers and infants;

Whereas midwives provide essential maternal healthcare services across diverse set-

tings, including homes, communities, hospitals, birth centers, clinics, and health units, ensuring accessibility and continuity of care;

Whereas increasing the number of Black midwives in the workforce is critical to addressing maternal health disparities, as Black midwives offer culturally competent care that builds trust, enhances maternal satisfaction, and improves health outcomes for Black mothers and their infants;

Whereas incorporating midwives fully into the United States maternity care system would reduce maternal health disparities and address the maternity care desert crisis;

Whereas, despite the medicalization of childbirth in the United States, the maternal mortality rates in the United States are among the highest in the developed world and disproportionately higher among, Black women;

Whereas Black women in the United States are at a significantly higher risk of suffering from life threatening pregnancy complications, known as “maternal morbidities”, than White women;

Whereas deaths from maternal morbidities have devastating effects on Black children and families, and the vast majority of maternal morbidities are entirely preventable through assertive efforts to ensure that Black women have access to information, services, and supports to make their own health care decisions, particularly around pregnancy and childbearing;

Whereas, according to the 2024 Centers for Disease Control and Prevention Report, the maternal mortality rate for Black women in the United States was 44.8 deaths per 100,000 live births, compared to the rates observed for—

(1) White women, with a rate of 14.2 deaths per 100,000 live births;

(2) Hispanic women, with a rate of 12.1 deaths per 100,000 live births; and

(3) Asian women, with a rate of 18.1 deaths per 100,000 live births;

Whereas the high rates of maternal mortality among Black women span across income levels, education levels, and socioeconomic statuses;

Whereas structural racism, gender oppression, and the social determinants of health inequities experienced by Black women in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black women;

Whereas Black women are more likely to report experiences of disrespect, abuse, and neglect when birthing in facility-based settings as compared to White people;

Whereas Black families benefit from access to Black midwives to receive culturally sensitive and congruent care established through trust and respect, backed with the wisdom of time-honored techniques and best practices;

Whereas the work and contributions of past and present midwives who have ushered in new life have done so despite a history fraught with persecution, enslavement, violence, racism, and the systematic erasure of traditional and lay Black midwives throughout the 20th century;

Whereas the decimation of midwifery across the southern United States reduced the numbers of Black midwives from thousands to dozens in a 50-year period from the 1920s to the 1970s, leaving many communities without care providers;

Whereas some States have criminalized and suppressed direct-entry midwives, despite rising maternal mortality rates across the United States;

Whereas the criminalization and overregulation of midwifery disproportionately impacts Black midwives and birthing families,

exacerbating maternal health disparities and reducing access to culturally competent care;

Whereas the resurgence of Black midwifery is a testament to the resilience, resistance, and determination of spirit in the preservation of healing modalities that are practiced all over the world;

Whereas the focus on holistic care, which involves caring for the whole person, family, and community, is what makes a difference in midwifery;

Whereas midwifery honors the right to bodily autonomy of the birthing person and can be facilitated at home, in a birth center, or hospital, and works in tandem with doulas, community health workers, obstetricians, pediatricians, and other maternal, reproductive, and perinatal health care providers;

Whereas the Midwifery Model of Care has been proven to have better pregnancy outcomes through preventing infant mortality and morbidity, lowering preterm births, reducing medical interventions, and providing the birthing person continuous support;

Whereas, in 2022, the Committee on the Elimination of Racial Discrimination (referred to in this preamble as “CERD”) of the United Nations expressed concerns regarding the impact of systemic racism and intersecting factors on access to comprehensive sexual and reproductive health services for women, and the limited availability of culturally sensitive and respectful maternal health care, particularly for those with low incomes, rural residents, individuals of African descent, and indigenous communities;

Whereas CERD recommended that the United States further develop policies and programs to eliminate racial and ethnic disparities in the field of sexual and reproductive health and rights, while integrating an intersectional and culturally respectful approach in order to reduce the high rates of maternal mortality and morbidity affecting racial and ethnic minorities, including through midwifery care;

Whereas, in 2023, the Human Rights Committee of the United Nations expressed similar concerns as CERD and further recommended that the United States take measures to remove restrictive and discriminatory legal and practice barriers to midwifery care, including those affecting Black and indigenous peoples;

Whereas a fair distribution of resources, especially with regard to reproductive health care services, is critical to closing the racial disparity gap in maternal health outcomes;

Whereas an investment must be made in robust, quality, and comprehensive health care for Black women, with policies that support and promote affordable and holistic maternal health care that is free from gender and racial discrimination;

Whereas it is fitting and proper on Black Midwives Day to recognize the tremendous impact of the human rights, reproductive justice, and birth justice frameworks have on protecting and advancing the rights of Black women;

Whereas Black Midwives Day is an opportunity to acknowledge the fight to end maternal mortality locally and globally;

Whereas maternal health is intractably linked to infant health, and the United States infant mortality rate rose 3 percent from a rate of 5.44 infant deaths per 1,000 live births in 2021 to 5.60 infant deaths per 1,000 live births in 2022, the largest increase in the infant mortality rate in 2 decades; and

Whereas Congress must mitigate the effects of systemic and structural racism to ensure that all Black people have access to midwives, doulas, and other community-based, culturally matched perinatal health providers: Now, therefore, be it