

“(3) EVIDENCE OF LAWFUL PRESENCE.—The term ‘evidence of lawful presence’ means valid, unexpired documentary evidence issued by the Secretary of Homeland Security that a person is—

“(A) a citizen or national of the United States; or

“(B) an alien lawfully admitted for permanent residence (as those terms are defined in section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a)).

“(4) PERSONAL IDENTIFICATION CARD.—The term ‘personal identification card’ means an identification document (as defined in section 1028(d) of title 18) issued by a State.

“(b) WITHHOLDING OF FUNDS FOR NON-COMPLIANCE.—

“(1) IN GENERAL.—On October 1, 2026, and each October 1 thereafter, the Secretary shall withhold from a State 10 percent of the amounts required to be apportioned to the State under paragraphs (1) through (8) of section 104(b) for a fiscal year if that State does not have in effect and is enforcing a law that meets the requirements described in subsection (e).

“(2) DURATION.—If, before the last day of the fiscal year for which funds are withheld under this section, the Secretary determines that the State is in compliance with this section, the Secretary shall, on the first day on which the Secretary makes that determination, apportion to the State the funds withheld from that State for that fiscal year under this section.

“(c) REDISTRIBUTION OF WITHHELD FUNDS.—On the first October 1 after a fiscal year for which amounts were withheld from a State under this section, the Secretary shall redistribute those amounts to States that are in compliance with this section so that each State in compliance with this section receives an amount equal to the proportion that—

“(1) the amount apportioned to the State under section 104(b); bears to

“(2) the total amount apportioned to all States in compliance with this section under section 104(b).

“(d) EFFECT OF WITHHOLDING.—Except as provided in subsection (b), no funds withheld under this section from apportionment to a State shall be available to a State.

“(e) LAW TO REQUIRE AND VERIFY LAWFUL PRESENCE.—

“(1) IN GENERAL.—A State shall be in compliance with this section if the State has in effect and is enforcing a law to require and subsequently verify evidence of lawful presence from each applicant for a driver’s license, commercial driver’s license, or personal identification card issued by the State.

“(2) REQUIREMENT.—A law referred to in paragraph (1) shall employ a means approved by the Secretary of Homeland Security—

“(A) to confirm the identity of an applicant for a driver’s license, commercial driver’s license, or personal identification card through electronic validation of biographic and biometric information, including the name, photograph, and fingerprints of the applicant;

“(B) to confirm the validity of the lawful presence of an applicant described in subparagraph (A), including whether the applicant has lawfully maintained that lawful presence, through the results of background and security checks, including fingerprint checks by the Federal Bureau of Investigation; and

“(C) to verify the authenticity of the evidence of lawful presence provided by an applicant described in subparagraph (A), which shall include an identity document containing a photograph, by confirming the social security number or individual taxpayer identification number of the applicant with, as applicable—

“(i) the Internal Revenue Service;

“(ii) the Social Security Administration; or

“(iii) the Systematic Alien Verification for Entitlements program of U.S. Citizenship and Immigration Services.

“(f) REAL ID ACT OF 2005.—Nothing in this section affects any State requirement under title II of the REAL ID Act of 2005 (49 U.S.C. 30301 note; Public Law 109-13).”.

(b) CLERICAL AMENDMENT.—The analysis for chapter 1 of title 23, United States Code, is amended by inserting after the item relating to section 154 the following:

“155. Preserving the integrity of State-issued driver’s licenses, commercial driver’s licenses, and personal identification cards.”.

## SUBMITTED RESOLUTIONS

SENATE RESOLUTION 674—DESIGNATING THE WEEK OF APRIL 13 THROUGH APRIL 19, 2026, AS “NATIONAL OSTEOPATHIC MEDICINE WEEK”

Mr. WICKER (for himself and Mr. HEINRICH) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 674

Whereas there are more than 167,000 osteopathic physicians and nearly 40,000 osteopathic medical students in the United States;

Whereas the number of osteopathic physicians in the United States grew by over 70,000 in the last decade;

Whereas osteopathic physicians and medical students train at high-caliber schools of osteopathic medicine across the United States, including in rural and underserved communities;

Whereas osteopathic medical schools make up 4 of the top 10 medical schools, with the most graduates practicing in medically underserved areas;

Whereas, in 1874, Andrew Taylor Still, Doctor of Osteopathic Medicine, introduced the principles of osteopathic medicine, emphasizing the idea that the body is a unit, and its structure and function are interrelated;

Whereas osteopathic physicians have made significant contributions to the healthcare system of the United States since the founding of the first osteopathic medical school in 1892;

Whereas osteopathic medicine emphasizes a whole-person, patient-centric approach to healthcare, and osteopathic physicians play an important role in the healthcare system of the United States;

Whereas osteopathic physicians train and practice in all medical specialties and practice settings;

Whereas 53 percent of osteopathic medical students matched into primary care residency positions in 2025, helping address the growing United States physician shortage, of which half of the number of needed physicians are projected to be primary care physicians;

Whereas osteopathic physicians and medical students in the United States are dedicated to improving the health of their communities and delivering high-quality care for the body, mind, and spirit; and

Whereas osteopathic physicians practice in every State: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of April 13 through April 19, 2026, as “National Osteopathic Medicine Week”;

(2) recognizes the contributions of osteopathic physicians to the healthcare system of the United States; and

(3) celebrates the role that colleges of osteopathic medicine play in training the next generation of physicians.

SENATE RESOLUTION 675—SUPPORTING THE DESIGNATION OF THE WEEK OF APRIL 11 THROUGH APRIL 17, 2026, AS “BLACK MATERNAL HEALTH WEEK”, FOUNDED BY BLACK MAMAS MATTER ALLIANCE, INC., TO BRING NATIONAL ATTENTION TO THE MATERNAL AND REPRODUCTIVE HEALTH CRISIS IN THE UNITED STATES AND THE IMPORTANCE OF REDUCING MATERNAL MORTALITY AND MORBIDITY AMONG BLACK WOMEN AND BIRTHING PEOPLE

Mr. BOOKER (for himself, Ms. DUCKWORTH, Mr. DURBIN, Ms. BLUNT ROCHESTER, Mrs. MURRAY, Ms. WARREN, Mr. COONS, Mr. PADILLA, Mr. MARKEY, Mr. VAN HOLLEN, Mr. WELCH, Ms. KLOBUCHAR, Ms. SMITH, and Ms. SLOTKIN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 675

Whereas, according to the Centers for Disease Control and Prevention, Black women in the United States are 2 to 3 times more likely than White women to die from pregnancy-related causes;

Whereas Black women and people living in low-income and rural communities in the United States suffer from life-threatening pregnancy complications, known as “maternal morbidities”, twice as often as White women;

Whereas the maternal mortality rate in the United States—

(1) is among the highest in the developed world; and

(2) was 23.8 deaths per 100,000 live births in 2020, 32.9 in 2021, 22.3 in 2022, and 18.6 in 2023;

Whereas the United States has the highest maternal mortality rate among affluent countries, driven in part by systemic inequities in health care that disproportionately and unjustly affect Black women;

Whereas, according to the Centers for Disease Control and Prevention, in 2023, the United States maternal mortality rate decreased for White (14.5), Hispanic (12.4), and Asian (10.7) women but increased to 50.3 deaths per 100,000 live births for Black women;

Whereas Black women are 50 percent more likely than all other women to give birth to premature and low birth weight infants;

Whereas the high rates of maternal mortality among Black women span across—

(1) income levels;

(2) education levels; and

(3) socioeconomic status;

Whereas the Centers for Disease Control and Prevention found that more than 80 percent of pregnancy-related deaths in the United States are preventable;

Whereas the leading causes of maternal mortality among Black women and birthing people include obstetric embolism, obstetric hemorrhage, eclampsia and preeclampsia, and postpartum cardiomyopathy, and these conditions impact Black women and birthing people disproportionately;

Whereas Black mothers have the highest rate of cesarean section deliveries;

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 racism and discrimination play a consequential role in maternal health care experiences and outcomes of Black birthing people;

Whereas the overturn of *Roe v. Wade*, 410 U.S. 113 (1973), impacts Black women and birthing people's right to reproductive health care and bodily autonomy and further perpetuates reproductive oppression as a tool to control women's bodies;

Whereas a fair and wide distribution of economic resources and birth options, especially regarding reproductive health care services and maternal health programming, including prenatal, postpartum, family planning, and education programs, is critical to addressing inequities in maternal health outcomes;

Whereas communities of color are disproportionately affected by maternity care deserts, where there are no or limited hospitals or birth centers offering obstetric care and no or limited obstetric providers, and have diminishing access to reproductive health care due to low Medicaid reimbursements, rising costs, and persistent health care workforce shortages;

Whereas Black midwives, doulas, perinatal health workers, and community-based organizations provide holistic maternal health care, but face systemic, structural, economic, and legal barriers to licensure, reimbursement, and provision of care;

Whereas Black women and birthing people experience increased structural and financial barriers to accessing prenatal and postpartum care, including maternal mental health care;

Whereas COVID-19, which has disproportionately harmed Black Americans, is associated with an increased risk for adverse pregnancy outcomes and maternal and neonatal complications;

Whereas data from the Centers for Disease Control and Prevention has indicated that since the COVID-19 pandemic, the maternal mortality rate for Black women has increased by 26 percent;

Whereas Black pregnant women have historically low rates of vaccinations, which is associated with higher disparities in maternal health outcomes;

Whereas, even as there is growing concern about improving access to mental health services, Black women are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy;

Whereas Black pregnant and postpartum workers are disproportionately denied reasonable accommodations in the workplace, leading to adverse pregnancy outcomes;

Whereas Black pregnant people disproportionately experience surveillance and punishment, including shackling incarcerated people in labor, drug testing mothers and infants without informed consent, separating mothers from their newborns, and criminalizing pregnancy outcomes such as miscarriage;

Whereas Black women and birthing people experience pervasive racial injustice in the criminal justice, social, and health care systems;

Whereas justice-informed, culturally congruent models of care are beneficial to Black women; and

Whereas an investment must be made in—

(1) maternity care for Black women and birthing people, including care led by the

communities most affected by the maternal health crisis in the United States;

(2) continuous health insurance coverage to support Black women and birthing people for the full postpartum period at least 1 year after giving birth; and

(3) policies that support and promote affordable, comprehensive, and holistic maternal health care that is free from gender and racial discrimination, regardless of incarceration: Now, therefore, be it

*Resolved*, That the Senate recognizes that—

(1) Black women are experiencing high, disproportionate rates of maternal mortality and morbidity in the United States;

(2) the alarmingly high rates of maternal mortality among Black women are unacceptable and unjust;

(3) in order to better mitigate the effects of systemic and structural racism, Congress must work toward ensuring that the Black community has—

(A) safe and affordable housing;

(B) transportation equity;

(C) nutritious food;

(D) clean air and water;

(E) environments free from toxins;

(F) decriminalization, removal of civil penalties, end of surveillance, and end of mandatory reporting within the criminal and family regulation system;

(G) safety and freedom from violence, especially violence perpetrated by government actors;

(H) a living wage;

(I) equal economic opportunity;

(J) a sustained and expansive workforce pipeline for diverse perinatal professionals; and

(K) comprehensive, high-quality, and affordable health care including access to the full spectrum of reproductive care;

(4) in order to improve maternal health outcomes, Congress must fully support and encourage policies grounded in the human rights, reproductive justice, and birth justice frameworks that address maternal health inequities;

(5) Black women and birthing people must be active participants in the policy decisions that impact their lives;

(6) in order to ensure access to safe and respectful maternal health care for Black birthing people, Congress must pass legislation intended to end preventable maternal mortality, severe maternal morbidity, and maternal health disparities in the United States and other legislation rooted in human rights that seek to improve maternal care and outcomes; and

(7) “Black Maternal Health Week” is an opportunity to—

(A) deepen the national conversation about Black maternal health in the United States;

(B) amplify and invest in community-driven policy, research, and quality care solutions;

(C) center the voices of Black Mamas Matter Alliance, Inc., women, families, and stakeholders;

(D) provide a national platform for Black-led entities and efforts on maternal and mental health, birth equity, and reproductive justice;

(E) enhance community organizing on Black maternal health; and

(F) support efforts to increase funding and advance policies for Black-led and centered community-based organizations and perinatal birth workers that provide the full spectrum of reproductive, maternal, and sexual health care.

SENATE RESOLUTION 676—RECOGNIZING AND HONORING NATIONAL MUSHROOM DAY AND THE CONTRIBUTIONS OF CHESTER AND BERKS COUNTIES TO THE NATIONAL MUSHROOM INDUSTRY AND TO HEALTHY DIETS

Mr. FETTERMAN (for himself and Mr. McCORMICK) submitted the following resolution; which was referred to the Committee on Agriculture, Nutrition, and Forestry:

S. RES. 676

Whereas June 1 is National Mushroom Day;

Whereas, since the cultivation of mushrooms began in France in 1651, the cultivation of mushrooms has been developed and advanced through the hard work of mushroom growers;

Whereas, in 1885, a successful florist in Kennett Square, Pennsylvania, conceived the idea of growing mushrooms beneath his greenhouse benches, leading to the first dedicated mushroom growing operation in the area;

Whereas over 60 percent of United States mushrooms are now grown in Chester and Berks Counties, Pennsylvania;

Whereas the mushroom farms in Chester County include both large and small farms, including multigeneration family farms, demonstrating the region's support for small businesses and local producers;

Whereas the local mushroom growers meet and collaborate, leading to the innovation that distinguishes the region and its mushroom industry;

Whereas the mushroom growers and the farmworker community contribute substantially to the local economy, employing nearly 10,000 workers and bringing an estimated \$2,700,000,000 into Chester County;

Whereas the year-round production of mushrooms and the associated industries support continuous employment, stable farm operations, and sustained economic activity by providing reliable jobs and supporting agricultural supply chains;

Whereas mushroom production represents one of agriculture's most successful examples of a circular economy, utilizing agricultural byproducts that reduce inputs and environmental impacts and using innovative practices that protect local ecosystems;

Whereas mushrooms are celebrated by home cooks and chefs because of their versatility, affordability, savory umami flavor, and nutritional qualities;

Whereas mushrooms are a dietary staple due to their nutritional value; and

Whereas mushrooms are fat-free, cholesterol-free, low in calories, low in sodium, and an important part of a diet rich in whole foods: Now, therefore, be it

*Resolved*, That the Senate—

(1) supports the recognition of National Mushroom Day;

(2) honors the Commonwealth of Pennsylvania for its unparalleled contributions to the national mushroom industry; and

(3) recognizes the role mushrooms play in a healthy diet that is rich in whole foods.