employ, and retain men and women who have served in the United States military with annual Federal awards to employers recognizing such efforts, and for other purposes.

S. 445

At the request of Ms. Collins, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. 445, a bill to amend title XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare program.

S. 446

At the request of Mr. CORNYN, the name of the Senator from Oklahoma (Mr. LANKFORD) was added as a cosponsor of S. 446, a bill to allow reciprocity for the carrying of certain concealed firearms.

S. 455

At the request of Mr. TESTER, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 455, a bill to amend title XVIII of the Social Security Act to count resident time spent in a critical access hospital as resident time spent in a nonprovider setting for purposes of making Medicare direct and indirect graduate medical education payments.

S. 459

At the request of Mr. RUBIO, the name of the Senator from Arizona (Mr. MCCAIN) was added as a cosponsor of S. 459, a bill to designate the area between the intersections of Wisconsin Avenue, Northwest and Davis Street, Northwest and Wisconsin Avenue, Northwest and Edmunds Street, Northwest in Washington, District of Columbia, as ''Boris Nemtsov Plaza'', and for other purposes.

S. RES. 70

At the request of Ms. HIRONO, the names of the Senator from Illinois (Ms. DUCKWORTH) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of S. Res. 70, a resolution recognizing the 75th anniversary of Executive Order 9066 and expressing the sense of the Senate that policies that discriminate against any individual based on the actual or perceived race, ethnicity, national origin, or religion of that individual would be a repetition of the mistakes of Executive Order 9066 and contrary to the values of the United States.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CORNYN (for himself and Mr. CARPER):

S. 463. A bill to amend title XVIII of the Social Security Act to establish a national Oncology Medical Home Demonstration Project under the Medicare program for the purpose of changing the Medicare payment for cancer care in order to enhance the quality of care and to improve cost efficiency, and for other purposes; to the Committee on Finance.

S. 463

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 ''Cancer Care Payment Reform Act of 2017''.

SEC. 2. ESTABLISHING AN ONCOLOGY MEDICAL HOME DEMONSTRATION PROJECT UNDER THE MEDICARE PROGRAM TO IMPROVE QUALITY OF CARE AND COST EFFICIENCY.

Title XVIII of the Social Security Act is amended by inserting after section 1866E (42 U.S.C. 1395cc–5) the following new section:

''SEC. 1866F. ONCOLOGY MEDICAL HOME DEMONSTRATION PROJECT.

''(a) ESTABLISHMENT OF DEMONSTRATION PROJECT.—Not later than 12 months after the date of the enactment of this section, the Secretary shall establish an Oncology Medical Home Demonstration Project (in this section referred to as the 'demonstration project') to make payments in the amounts specified in subsection (f) to each participating oncology practice (as defined in subsection (b)).

''(b) DEFINITION OF PARTICIPATING ONCOLOGY PRACTICE.—For purposes of this section, the term 'participating oncology practice' means an oncology practice that—

''(1) submits to the Secretary an application to participate in the demonstration project in accordance with subsection (c);

''(2) is selected by the Secretary, in accordance with subsection (d), to participate in the demonstration project; and

''(3) is owned by a physician, or is owned by or affiliated with a hospital, that submitted a claim for payment in the prior year for an item or service for which payment may be made under part B.

''(c) APPLICATION TO PARTICIPATE.—An application by an oncology practice to participate in the demonstration project shall include an attestation to the Secretary that the practice—

''(1) furnishes physicians' services for which payment may be made under part B;

''(2) coordinates oncology services furnished to an individual by the practice with services that are related to such oncology services and that are furnished to such individual by practitioners (including oncology nurses) inside or outside the practice in order to ensure that each such individual receives coordinated care;

''(3) meaningfully uses electronic health records;

''(4) will, not later than one year after the date on which the practice commences its participation in the demonstration project, be accredited as an Oncology Medical Home by the Commission on Cancer, the National Committee for Quality Assurance, or such other entity as the Secretary determines appropriate;

''(5) will repay all amounts paid by the Secretary to the practice under subsection (f)(1)(A) in the case that the practice does not, on a date that is not later than 60 days after the date on which the practice's agreement period for the demonstration project begins, as determined by the Secretary, submit an application to an entity described in paragraph (4) for accreditation as an Oncology Medical Home in accordance with such paragraph;

''(6) will, for each year in which the demonstration project is conducted, report to the Secretary, in such form and manner as is specified by the Secretary, on—

''(A) the performance of the practice with respect to measures described in subsection (e) as determined by the Secretary, subject to subsection (e)(1)(B); and

''(B) the experience of care of individuals who are furnished oncology services by the practice for which payment may be made under part B, as measured by a patient experience of care survey based on the Consumer Assessment of Healthcare Providers and Systems survey or by such similar survey as the Secretary determines appropriate;

''(7) agrees not to receive the payments described in subclauses (I) and (II) of subsection (f)(1)(B)(iii) in the case that the practice does not report to the Secretary in accordance with paragraph (6) with respect to performance of the practice during the 12-month period beginning on the date on which the practice's agreement period for the demonstration project begins, as determined by the Secretary;

''(8) will, for each year of the demonstration project, meet the performance standards developed under subsection (e)(4)(B) with respect to each of the measures on which the practice has agreed to report under paragraph (6)(A) and the patient experience of care on which the practice has agreed to report under paragraph (6)(B); and

''(9) has the capacity to utilize shared decision-making tools that facilitate the incorporation of the patient needs, preferences, and circumstances of an individual into the medical plan of the individual and that maintain provider flexibility to tailor care of the individual based on the full range of test and treatment options available to the individual.

''(d) SELECTION OF PARTICIPATING PRACTICES.—

''(1) IN GENERAL.—The Secretary shall, not later than 15 months after the date of the enactment of this section, select oncology practices that submit an application to the Secretary in accordance with subsection (c) to participate in the demonstration project.

''(2) MAXIMUM NUMBER OF PRACTICES.—In selecting an oncology practice to participate in the demonstration project under this section, the Secretary shall ensure that the participation of such practice in the demonstration project does not, on the date on which the practice commences its participation in the demonstration project—

''(A) increase the total number of practices participating in the demonstration project to a number that is greater than 200 practices (or such number as the Secretary determines appropriate); or

''(B) increase the total number of oncologists who participate in the demonstration project to a number that is greater than 1,500 oncologists (or such number as the Secretary determines appropriate).

''(3) DIVERSITY OF PRACTICES.—

''(A) IN GENERAL.—Subject to subparagraph (B), in selecting oncology practices to participate in the demonstration project under this section, the Secretary shall, to the extent practicable, include in such selection—

''(i) small-, medium-, and large-sized practices; and

''(ii) practices located in different geographic areas.

''(B) INCLUSION OF SMALL ONCOLOGY PRACTICES.—In selecting oncology practices to participate in the demonstration project under this section, the Secretary shall, to the extent practicable, ensure that at least 20 percent of the participating practices are small oncology practices (as determined by the Secretary).

''(4) NO PENALTY FOR CERTAIN OPT-OUTS BY PRACTICES.—In the case that the Secretary selects an oncology practice to participate in the demonstration project under this section that has agreed to participate in a model established under section 1115A for oncology services, such practice may not be assessed a penalty for electing not to participate in such model if the practice makes such election—

''(A) prior to the receipt by the practice of any payment for such model that would not otherwise be paid in the absence of such model; and

''(B) in order to participate in the demonstration project under this section.

''(e) MEASURES.—

''(1) DEVELOPMENT.—

''(A) IN GENERAL.—The Secretary shall use measures described in paragraph (2), and may use measures developed under paragraph (3), to assess the performance of each participating oncology practice, as compared to other participating oncology practices as described in paragraph (4)(A)(i).

''(B) DETERMINATION OF MEASURES REPORTED.—In determining measures to be reported under subsection (c)(6)(A), the Secretary, in consultation with stakeholders, shall ensure that reporting under such subsection is not overly burdensome and that those measures required to be reported are aligned with applicable requirements from other payors.

''(2) MEASURES DESCRIBED.—The measures described in this paragraph, with respect to individuals who are attributed to a participating oncology practice, as determined by the Secretary, are the following:

''(A) PATIENT CARE MEASURES.—

''(i) The percentage of such individuals who receive documented clinical or pathologic staging prior to initiation of a first course of cancer treatment.

''(ii) The percentage of such individuals who undergo advanced imaging and have been diagnosed with stage I or II breast cancer.

''(iii) The percentage of such individuals who undergo advanced imaging and have been diagnosed with stage I or II prostate cancer.

''(iv) The percentage of such individuals who, prior to receiving cancer treatment, had their performance status assessed by the practice.

''(v) The percentage of such individuals who—

''(I) undergo treatment with a chemotherapy regimen provided by the practice;

''(II) have at least a 20-percent risk of developing febrile neutropenia due to a combination of regimen risk and patient risk factors; and

''(III) have received from the practice either GCSF or white cell growth factor.

''(vi) With respect to such individuals who receive an oncology drug therapy from the practice, the percentage of such individuals who underwent a diagnostic test to identify specific biomarkers, genetic mutations, or characteristics prior to receiving an oncology drug therapy, where such a diagnostic test exists for a given cancer type.

''(vii) With respect to such individuals who receive chemotherapy treatment from the practice, the percentage of such individuals so treated who receive a treatment plan prior to the administration of such chemotherapy.

''(viii) With respect to chemotherapy treatments administered to such individuals by the practice, the percentage of such treatments that adhere to guidelines published by the National Comprehensive Cancer Network or such other entity as the Secretary determines appropriate.

''(ix) With respect to antiemetic drugs dispensed by the practice to individuals as part of moderately or highly emetogenic chemotherapy regimens for such individuals, the extent to which such drugs are administered in accordance with evidence-based guidelines or pathways that are compliant with guidelines published by the National Comprehensive Cancer Network or such other entity as the Secretary determines appropriate.

''(B) RESOURCE UTILIZATION MEASURES.—

''(i) With respect to emergency room visits in a year by such individuals who are receiving active chemotherapy treatment administered by the practice as of the date of such visits, the percentage of such visits that are associated with qualified cancer diagnoses of the individuals.

''(ii) With respect to hospital admissions in a year by such individuals who are receiving active chemotherapy treatment administered by the practice as of the date of such visits, the percentage of such admissions that are associated with qualified cancer diagnoses of the individuals.

''(C) SURVIVORSHIP MEASURES.—

''(i) Survival rates for such individuals who have been diagnosed with stage I through IV breast cancer.

''(ii) Survival rates for such individuals who have been diagnosed with stage I through IV colorectal cancer.

''(iii) Survival rates for such individuals who have been diagnosed with stage I through IV lung cancer.

''(iv) With respect to such individuals who receive chemotherapy treatment from the practice, the percentage of such individuals so treated who receive a survivorship plan not later than 45 days after the completion of the administration of such chemotherapy.

''(v) With respect to such individuals who receive chemotherapy treatment from the practice, the percentage of such individuals who receive psychological screening.

''(D) END-OF-LIFE CARE MEASURES.—

''(i) The number of times that such an individual receives chemotherapy treatment from the practice within an amount of time specified by the Secretary, in consultation with stakeholders, prior to the death of the individual.

''(ii) With respect to such individuals who have a stage IV disease and have received treatment for such disease from the practice, the percentage of such individuals so treated who have had a documented end-of-life care conversation with a physician in the practice or another health care provider who is a member of the cancer care team of the practice.

''(iii) With respect to such an individual who is referred to hospice care by a physician in the practice or a health care provider who is a member of the cancer care team of the practice, regardless of the setting in which such care is furnished, the average number of days that the individual receives hospice care prior to the death of the individual.

''(iv) With respect to such individuals who die while receiving care from the practice, the percentage of such deceased individuals whose death occurred in an acute care setting.

''(3) MODIFICATION OR ADDITION OF MEASURES.—

''(A) IN GENERAL.—The Secretary may, in consultation with appropriate stakeholders in a manner determined by the Secretary, modify, replace, remove, or add to the measures described in paragraph (2).

''(B) APPROPRIATE STAKEHOLDERS DESCRIBED.—For purposes of subparagraph (A), the term 'appropriate stakeholders' includes oncology societies, oncologists who furnish oncology services to one or more individuals for which payment may be made under part B, allied health professionals, health insurance issuers that have implemented alternative payment models for oncologists, patients and organizations that represent patients, and biopharmaceutical and other medical technology manufacturers.

''(4) ASSESSMENT.—

''(A) IN GENERAL.—The Secretary shall, for each year in which the demonstration project is conducted, assess—

''(i) the performance of each participating oncology practice for such year with respect to the measures on which the practice has agreed to report to the Secretary under subsection (c)(6)(A), as compared to the performance of other participating oncology practices with respect to such measures; and

''(ii) the extent to which each participating oncology practice has, during such year, used breakthrough or other best-in-class therapies.

''(B) PERFORMANCE STANDARDS.—The Secretary shall, in consultation with the appropriate stakeholders described in paragraph (3)(B) in a manner determined by the Secretary, develop performance standards with respect to—

''(i) each of the measures described in paragraph (2), including those measures as modified or added under paragraph (3); and

''(ii) the patient experience of care on which participating oncology practices agree to report to the Secretary under subsection (c)(6)(B).

''(f) PAYMENTS FOR PARTICIPATING ONCOLOGY PRACTICES AND ONCOLOGISTS.—

''(1) CARE COORDINATION MANAGEMENT FEE DURING FIRST TWO YEARS OF DEMONSTRATION PROJECT.—

''(A) IN GENERAL.—The Secretary shall, in addition to any other payments made by the Secretary under this title to a participating oncology practice, pay a care coordination management fee to each such practice at each of the times specified in subparagraph (B).

''(B) TIMING OF PAYMENTS.—The care coordination management fee described in subparagraph (A) shall be paid to a participating oncology practice at the end of each of the following periods:

''(i) The period that ends 6 months after the date on which the practice's agreement period for the demonstration project begins, as determined by the Secretary.

''(ii) The period that ends 12 months after the date on which the practice's agreement period for the demonstration project begins, as determined by the Secretary.

''(iii) Subject to subsection (c)(7)—

''(I) the period that ends 18 months after the date on which the practice's agreement period for the demonstration project begins, as determined by the Secretary; and

''(II) the period that ends 24 months after the date on which the practice's agreement period for the demonstration project begins, as determined by the Secretary.

''(C) AMOUNT OF PAYMENT.—The Secretary shall, in consultation with oncologists who furnish oncology services for which payment may be made under part B in a manner determined by the Secretary, determine the amount of the care coordination management fee described in subparagraph (A).

''(2) PERFORMANCE INCENTIVE PAYMENTS.—

''(A) IN GENERAL.—Subject to subparagraphs (C) and (E), the Secretary shall, in addition to any other payments made by the Secretary under this title to a participating oncology practice, pay a performance incentive payment to each such practice for each year of the demonstration project described in subparagraph (B).

''(B) TIMING OF PAYMENTS.—The performance incentive payment described in subparagraph (A) shall be paid to a participating oncology practice as soon as practicable following the end of the third, fourth, and fifth years of the demonstration project.

''(C) SOURCE OF PAYMENTS.—Performance incentive payments made to participating oncology practices under subparagraph (A) for each of the years of the demonstration project described in subparagraph (B) shall be paid from the aggregate pool available for making payments for each such year determined under subparagraph (D), as available for each such year.

''(D) AGGREGATE POOL AVAILABLE FOR MAKING PAYMENTS.—With respect to each of the years of the demonstration project described in subparagraph (B), the aggregate pool available for making performance incentive

payments for each such year shall be determined by—

''(i) estimating the amount by which the aggregate expenditures that would have been expended for the year under parts A and B for items and services furnished to individuals attributed to participating oncology practices if the demonstration project had not been implemented exceeds such aggregate expenditures for such individuals for such year of the demonstration project;

''(ii) calculating the amount that is half of the amount estimated under clause (i); and

''(iii) subtracting from the amount calculated under clause (ii) the total amount of payments made under paragraph (1) that have not, in a prior application of this clause, previously been so subtracted from a calculation made under clause (ii).

''(E) AMOUNT OF PAYMENTS TO INDIVIDUAL PRACTICES THAT MEET PERFORMANCE STANDARDS AND ACHIEVE SAVINGS.—

''(i) PAYMENTS ONLY TO PRACTICES THAT MEET PERFORMANCE STANDARDS.—The Secretary may not make performance incentive payments to a participating oncology practice under subparagraph (A) with respect to a year of the demonstration project described in subparagraph (B) unless the practice meets or exceeds the performance standards developed under subsection (e)(4)(B) for the year with respect to—

''(I) the measures on which the practice has agreed to report to the Secretary under subsection (c)(6)(A); and

''(II) the patient experience of care on which the practice has agreed to report to the Secretary under subsection (c)(6)(B).

''(ii) CONSIDERATION OF PERFORMANCE ASSESSMENT.—The Secretary shall, in consultation with the appropriate stakeholders described in subsection (e)(3)(B) in a manner determined by the Secretary, determine the amount of a performance incentive payment to a participating oncology practice under subparagraph (A) for a year of the demonstration project described in subparagraph (B). In making a determination under the preceding sentence, the Secretary shall take into account the performance assessment of the practice under subsection (e)(4)(A) with respect to the year and the aggregate pool available for making payments for such year determined under subparagraph (D), as available for such year.

''(3) ISSUANCE OF GUIDANCE.—Not later than the date that is 12 months after the date of the enactment of this section, the Secretary shall issue guidance detailing the methodology that the Secretary will use to implement subparagraphs (D) and (E) of paragraph (2).

''(g) SECRETARY REPORTS TO PARTICIPATING ONCOLOGY PRACTICES.—The Secretary shall inform each participating oncology practice, on a periodic (such as quarterly) basis, of—

''(1) the performance of the practice with respect to the measures on which the practice has agreed to report to the Secretary under subsection (c)(6)(A); and

''(2) the estimated amount by which the expenditures that would have been expended under parts A and B for items and services furnished to individuals attributed to the practice if the demonstration project had not been implemented exceeds the actual expenditures for such individuals.

''(h) APPLICATIONS FROM ENTITIES TO PROVIDE ACCREDITATIONS.—Not later than the date that is 18 months after the date of the enactment of this section, the Secretary shall establish a process for the acceptance and consideration of applications from entities for purposes of determining which entities may provide accreditation to practices under subsection (c)(4) in addition to the entities described in such subsection.

''(i) REVISIONS TO DEMONSTRATION PROJECT.—The Secretary may make appropriate revisions to the demonstration project under this section in order for participating oncology practices under such demonstration project to meet the definition of an eligible alternative payment entity for purposes of section 1833(z).

''(j) WAIVER AUTHORITY.—The Secretary may waive such provisions of this title and title XI as the Secretary determines necessary in order to implement the demonstration project under this section.

''(k) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to this section.''.

By Mr. DURBIN (for himself and Mr. CASEY):

S. 477. A bill to amend the Public Health Service Act to coordinate Federal congenital heart disease research and surveillance efforts and to improve public education and awareness of congenital heart disease, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

S. 477

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 ''Congenital Heart Futures Reauthorization Act of 2017''.

SEC. 2. NATIONAL CONGENITAL HEART DISEASE COHORT STUDY, SURVEILLANCE, AND AWARENESS CAMPAIGN.

Section 399V–2 of the Public Health Service Act (42 U.S.C. 280g–13) is amended—

(1) by amending the section heading to read as follows: ''NATIONAL CONGENITAL HEART DISEASE COHORT STUDY, SURVEILLANCE SYSTEM, AND AWARENESS CAMPAIGN'';

(2) by amending subsection (a) to read as follows:

''(a) IN GENERAL.—

''(1) ACTIVITIES.—The Secretary shall—

''(A) enhance and expand research and surveillance infrastructure to study and track the epidemiology of congenital heart disease (in this section referred to as 'CHD') across the lifespan; and

''(B) plan and implement a public outreach and education campaign regarding CHD across the lifespan.

''(2) GRANTS.—The Secretary may award grants to eligible entities to carry out the activities described in subsections (b), (c), and (d).'';

(3) in subsection (b)—

(A) in the heading, by striking ''PURPOSE'' and inserting ''NATIONAL CONGENITAL HEART DISEASE SURVEILLANCE SYSTEM''; and

(B) by striking ''The purpose of the Congenital Heart Disease Surveillance System shall be to facilitate'' and inserting the following:

''(1) IN GENERAL.—The Secretary shall establish a Congenital Heart Disease Surveillance System for the purpose of facilitating'';

(4) in subsection (c)—

(A) in paragraph (2), by redesignating subparagraphs (A) through (E) as clauses (i) through (v), respectively, and adjusting the margins accordingly;

(B) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively, and adjusting the margins accordingly; and

(C) by redesignating such subsection (c) as paragraph (2) of subsection (b) and adjusting the margin accordingly;

(5) by striking subsections (d) and (e) and inserting the following:

''(c) NATIONAL CONGENITAL HEART DISEASE COHORT STUDY.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall plan, develop, implement, and submit annual reports to the Congress on research and surveillance activities of the Centers for Disease Control and Prevention, including a cohort study to improve understanding of the epidemiology of CHD across the lifespan, from birth to adulthood, with particular interest in the following:

''(A) Health care utilization and natural history of individuals affected by CHD.

''(B) Demographic factors associated with CHD, such as age, race, ethnicity, gender, and family history of individuals who are diagnosed with the disease.

''(C) Outcome measures, such that analysis of the outcome measures will allow derivation of evidence-based best practices and guidelines for CHD patients.

''(2) PERMISSIBLE CONSIDERATIONS.—The study under this subsection may—

''(A) gather data on the health outcomes of a diverse population of those affected by CHD;

''(B) consider health disparities among those affected by CHD which may include the consideration of prenatal exposures; and

''(C) incorporate behavioral, emotional, and educational outcomes of those affected by CHD.

''(3) PUBLIC ACCESS.—Subject to appropriate protections of personal information, including protections required under paragraph (4), data generated from the study under this subsection and through the Congenital Heart Disease Surveillance System under subsection (b) shall be made available for purposes of CHD research and to the public.

''(4) PATIENT PRIVACY.—The Secretary shall ensure that the study under this subsection and the Congenital Heart Disease Surveillance System under subsection (b) are carried out in a manner that complies with the requirements applicable to a covered entity under the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

''(d) CONGENITAL HEART DISEASE AWARENESS CAMPAIGN.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement an awareness, outreach, and education campaign regarding CHD across the lifespan. The information expressed through such campaign may—

''(A) emphasize the prevalence of CHD;

''(B) identify CHD as a condition that affects those diagnosed throughout their lives; and

''(C) promote the need for pediatric, adolescent, and adult individuals with CHD to seek and maintain lifelong, specialized care.

''(2) PERMISSIBLE ACTIVITIES.—The campaign under this subsection may—

''(A) utilize collaborations or partnerships with other agencies, health care professionals, and patient advocacy organizations that specialize in the needs of individuals with CHD; and

''(B) include the use of print, film, or electronic materials distributed via television, radio, Internet, or other commercial marketing venues.'';

(6) by redesignating subsection (f) as subsection (e); and

(7) by adding at the end the following:

''(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2017 through 2021.''.

SEC. 3. CONGENITAL HEART DISEASE RESEARCH.

Section 425 of the Public Health Service Act (42 U.S.C. 285b–8) is amended by adding the end the following:

''(d) REPORT FROM NIH.—Not later than 1 year after the date of enactment of the Congenital Heart Futures Reauthorization Act of 2017, the Director of NIH, acting through the Director of the Institute, shall provide a report to Congress—

''(1) outlining the ongoing research efforts of the National Institutes of Health regarding congenital heart disease; and

''(2) identifying—

''(A) future plans for research regarding congenital heart disease; and

''(B) the areas of greatest need for such research.''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 71—EXPRESSING THE SENSE OF THE SENATE THAT JOHN ARTHUR ''JACK'' JOHNSON SHOULD RECEIVE A POSTHUMOUS PARDON FOR THE RACIALLY MOTIVATED CONVICTION IN 1913 THAT DIMINISHED THE ATHLETIC, CULTURAL, AND HISTORIC SIGNIFICANCE OF JACK JOHNSON AND UNDULY TARNISHED HIS REPUTATION

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

S. RES. 71

Whereas John Arthur ''Jack'' Johnson was a flamboyant, defiant, and controversial figure in the history of the United States who challenged racial biases;

Whereas Jack Johnson was born in Galveston, Texas, in 1878 to parents who were former slaves;

Whereas Jack Johnson became a professional boxer and traveled throughout the United States, fighting White and African-American heavyweights;

Whereas, after being denied (on purely racial grounds) the opportunity to fight 2 White champions, in 1908, Jack Johnson was granted an opportunity by an Australian promoter to fight the reigning White titleholder, Tommy Burns;

Whereas Jack Johnson defeated Tommy Burns to become the first African-American world heavyweight boxing champion;

Whereas the victory by Jack Johnson over Tommy Burns prompted a search for a White boxer who could beat Jack Johnson, a recruitment effort that was dubbed the search for the ''great white hope'';

Whereas, in 1910, a White former champion named Jim Jeffries left retirement to fight Jack Johnson in Reno, Nevada;

Whereas Jim Jeffries lost to Jack Johnson in what was deemed the ''Battle of the Century'';

Whereas the defeat of Jim Jeffries by Jack Johnson led to rioting, aggression against African-Americans, and the racially motivated murder of African-Americans throughout the United States;

Whereas the relationships of Jack Johnson with White women compounded the resentment felt toward him by many Whites;

Whereas, between 1901 and 1910, 754 African-Americans were lynched, some for simply for being ''too familiar'' with White women;

Whereas, in 1910, Congress passed the Act of June 25, 1910 (commonly known as the ''White Slave Traffic Act'' or the ''Mann Act'') (18 U.S.C. 2421 et seq.), which outlawed the transportation of women in interstate or foreign commerce ''for the purpose of prostitution or debauchery, or for any other immoral purpose'';

Whereas, in October 1912, Jack Johnson became involved with a White woman whose mother disapproved of their relationship and sought action from the Department of Justice, claiming that Jack Johnson had abducted her daughter;

Whereas Jack Johnson was arrested by Federal marshals on October 18, 1912, for transporting the woman across State lines for an ''immoral purpose'' in violation of the Mann Act;

Whereas the charges against Jack Johnson under the Mann Act were dropped when the woman refused to cooperate with Federal authorities and then married Jack Johnson;

Whereas Federal authorities persisted and summoned a White woman named Belle Schreiber, who testified that Jack Johnson had transported her across State lines for the purpose of ''prostitution and debauchery'';

Whereas, in 1913, Jack Johnson was convicted of violating the Mann Act and sentenced to 1 year and 1 day in Federal prison;

Whereas Jack Johnson fled the United States to Canada and various European and South American countries;

Whereas Jack Johnson lost the heavyweight championship title to Jess Willard in Cuba in 1915;

Whereas Jack Johnson returned to the United States in July 1920, surrendered to authorities, and served nearly a year in the Federal penitentiary at Leavenworth, Kansas;

Whereas Jack Johnson subsequently fought in boxing matches, but never regained the heavyweight championship title;

Whereas Jack Johnson served the United States during World War II by encouraging citizens to buy war bonds and participating in exhibition boxing matches to promote the war bond cause;

Whereas Jack Johnson died in an automobile accident in 1946;

Whereas, in 1954, Jack Johnson was inducted into the Boxing Hall of Fame; and

Whereas, on July 29, 2009, the 111th Congress agreed to Senate Concurrent Resolution 29, which expressed the sense of the 111th Congress that Jack Johnson should receive a posthumous pardon for his racially motivated 1913 conviction: Now, therefore, be it

Resolved, That it remains the sense of the Senate that Jack Johnson should receive a posthumous pardon—

(1) to expunge a racially motivated abuse of the prosecutorial authority of the Federal Government from the annals of criminal justice in the United States; and

(2) in recognition of the athletic and cultural contributions of Jack Johnson to society.

SENATE RESOLUTION 72—CELEBRATING THE HISTORY OF THE DETROIT RIVER WITH THE 16-YEAR COMMEMORATION OF THE INTERNATIONAL UNDERGROUND RAILROAD MEMORIAL MONUMENT, COMPRISED OF THE GATEWAY TO FREEDOM MONUMENT IN DETROIT , MICHIGAN, AND THE TOWER OF FREEDOM MONUMENT IN WINDSOR, ONTARIO, CANADA

Mr. PETERS (for himself and Ms. STABENOW) submitted the following resolution; which was referred to the Committee on Energy and Natural Resources:

S. RES. 72

Whereas millions of Africans and their descendants were enslaved in the United States and the American colonies from 1619 through 1865;

Whereas Africans forced into slavery were torn from their families and loved ones and stripped of their names and heritage;

Whereas the faith and strength of character demonstrated by former slaves and the descendants of former slaves are an example for all people of the United States, regardless of background, religion, or race;

Whereas tens of thousands of people of African descent bravely and silently escaped their chains to follow the perilous Underground Railroad northward towards freedom in Canada;

Whereas the Detroit River played a central role for these passengers of the Underground Railroad on their way to freedom;

Whereas in October 2001, the City of Detroit, Michigan, joined with Windsor and Essex Counties in Ontario, Canada, to memorialize the courage of these freedom seekers with an international memorial to the Underground Railroad, comprised of the Tower of Freedom Monument in Windsor, Ontario, and the Gateway to Freedom Monument in Detroit, Michigan;

Whereas the deep roots that slaves, refugees, and immigrants who reached Canada from the United States created in Canadian society are a tribute to the determination of the descendants of those slaves, refugees, and immigrants to safeguard the history of the struggles and endurance of their forebears;

Whereas the observance of the 16-year commemoration of the International Underground Railroad Memorial Monument will be celebrated during the month of October 2017;

Whereas the International Underground Railroad Memorial Monument represents a cooperative international partnership dedicated to education and research with the goal of promoting cross-border understanding, economic development, and cultural heritage tourism;

Whereas over the course of history, the United States has become a symbol of democracy and freedom around the world; and

Whereas the legacy of African-Americans and their fight for freedom is interwoven with the fabric of democracy and freedom in the United States: Now, therefore, be it

Resolved, That the Senate—

(1) celebrates the history of the Detroit River with a 16-year commemoration of the International Underground Railroad Memorial Monument, comprised of the Gateway to Freedom Monument in Detroit, Michigan, and the Tower of Freedom Monument in Windsor, Ontario, Canada; and

(2) supports the official recognition, by national and international entities, of the Detroit River as an area of historic importance to the history of the Underground Railroad and the fight for freedom in North America.

SENATE RESOLUTION 73—DESIGNATING FEBRUARY 28, 2017, AS ''RARE DISEASE DAY''

Mr. BROWN (for himself, Mr. BARRASSO, Mr. WHITEHOUSE, Ms. WARREN, Mr. MARKEY, Mr. COONS, Mr. WICKER, Mr. VAN HOLLEN, Ms. STABENOW, Mrs. FEINSTEIN, Ms. KLOBUCHAR, Mr. HATCH, and Mr. BOOKER) submitted the following resolution; which was considered and agreed to: