

McConnell	Roberts	Sullivan
McSally	Rounds	Thune
Moran	Rubio	Tillis
Paul	Sasse	Toomey
Perdue	Scott (SC)	Wicker
Portman	Shelby	Young
Risch	Sinema	

NAYS—48

Baldwin	Harris	Reed
Bennet	Hassan	Romney
Blumenthal	Heinrich	Rosen
Booker	Hirono	Sanders
Brown	Jones	Schatz
Cantwell	Kaine	Schumer
Cardin	King	Shaheen
Carper	Klobuchar	Smith
Casey	Leahy	Stabenow
Collins	Markey	Tester
Coons	Menendez	Udall
Cortez Masto	Merkley	Van Hollen
Duckworth	Murkowski	Warner
Durbin	Murphy	Warren
Feinstein	Murray	Whitehouse
Gillibrand	Peters	Wyden

NOT VOTING—2

Gardner	Scott (FL)
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The PRESIDING OFFICER. On this vote, the yeas are 50, and the nays are 48. Under the previous order requiring 60 votes for adoption of this amendment, the amendment is rejected.

The amendment (No. 1558) was rejected.

The PRESIDING OFFICER. The clerk will read the title of the bill for the third time.

The bill was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass?

Mr. LEE. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Colorado (Mr. GARDNER) and the Senator from Florida (Mr. SCOTT).

The PRESIDING OFFICER (Mrs. BLACKBURN). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 90, nays 8, as follows:

[Rollcall Vote No. 76 Leg.]

YEAS—90

Alexander	Duckworth	McSally
Baldwin	Durbin	Menendez
Barrasso	Enzi	Merkley
Bennet	Ernst	Moran
Blumenthal	Feinstein	Murkowski
Blunt	Fischer	Murphy
Booker	Gillibrand	Murray
Boozman	Graham	Perdue
Braun	Grassley	Peters
Brown	Harris	Portman
Burr	Hassan	Reed
Cantwell	Hawley	Risch
Capito	Heinrich	Roberts
Cardin	Hirono	Romney
Carper	Hoeven	Rosen
Casey	Hyde-Smith	Rounds
Cassidy	Jones	Rubio
Collins	Kaine	Sanders
Coons	Kennedy	Schatz
Cornyn	King	Schumer
Cortez Masto	Klobuchar	Shaheen
Cotton	Leahy	Shelby
Cramer	Loeffler	Sinema
Crapo	Manchin	Smith
Cruz	Markey	Stabenow
Daines	McConnell	Sullivan

Tester	Udall	Whitehouse
Thune	Van Hollen	Wicker
Tillis	Warner	Wyden
Toomey	Warren	Young

NAYS—8

Blackburn	Lankford	Sasse
Inhofe	Lee	Scott (SC)
Johnson	Paul	

NOT VOTING—2

Gardner	Scott (FL)
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The bill (H.R. 6201) was passed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table.

The majority leader.

Mr. MCCONNELL. Madam President, we just passed the bill that came over from the House, and it is on its way to the President. It is a very important first step, which we are calling phase 2.

We continue to work on the next bill to respond to the crisis. I want to repeat again that the Senate is going to stay in session until we finish phase 3, the next bill, and send it over to the House.

Now, Republicans hope, shortly, to have a consolidated position along with the administration. Then we intend to sit down with our Democratic colleagues to see what we can agree to.

I would recommend that Senators stay around, close. Just how long it will take to get through these steps is unclear, but as everyone knows, we are moving rapidly because the situation demands it.

The PRESIDING OFFICER. The Senator from Oklahoma.

MORNING BUSINESS

Mr. LANKFORD. Madam President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

CORONAVIRUS

Mr. LANKFORD. Madam President, 3 months ago, no one in the country—in fact, no one in the world—had heard the term “COVID-19.” The term “coronavirus” was around, but most folks didn’t use that because it was connected to SARS or to MERS in the past.

In December of 2019, an infection started in China, and it spread rapidly through the Wuhan region. By January, there were thousands of people affected before most of the world even knew it existed. Now, almost every country in the world has infections. We have hundreds of thousands of people who have had contact with this virus, and unfortunately we have lost thousands of people worldwide.

In the United States, the numbers continue to increase as we are continuing to increase the number of people we can actually test. Fortunately, the vast majority of the people who get this virus have little to no symptoms.

It is a cold; it is a mild flu to them. But for our vulnerable populations—our elderly populations, those with heart issues, those with lung issues, smokers, diabetics—this can be a very, very serious thing.

The challenge we face in our healthcare is that every person who walks in to get tested is face to face with one of our healthcare workers, especially in rural areas of our State, who may be the only healthcare professional for that entire county. If that person—who has not been vaccinated as well because there is no vaccine yet—is not able to serve the rest of the population, that health situation becomes even worse because of diminishing care.

We, as Americans, have taken this seriously, as we should. We are paying attention. The younger population is spending time trying to get away from other individuals, to self-isolate, to self-quarantine—“social distancing” is the new term—to find some way to not be close to someone else so they don’t accidentally pass the virus on, because although the virus may be within them and they are not personally physically affected much, the effect on someone else could be pretty dramatic. So, out of respect for others, they are trying to manage that distance and be attentive to that.

There have been multiple actions from the government over the past several months. There are the travel bans we all know very much about, starting with China and now in multiple areas of the world, and lots of encouragement to limit gatherings, first to 250 and then to 50 and now to 10. Now it is a series of just keep social distancing, to make sure you are aware of that. There have been emergency declarations.

CMS has changed coverage, as recently as yesterday, dealing with issues like telehealth, making sure individuals who may have other care needs don’t have to actually go in to a healthcare professional—for their fear of who else is sitting in the waiting room—but they can get access to telehealth, which is a much needed change.

The FDA has been very aggressive in giving access to different States to do their own testing regimens.

The CDC has been active in trying to get to a point where they can get a testing system that can actually get out to the entire country. The challenge was, early on, many other countries did tests and developed tests with a high false-positive rate. The CDC was very focused on trying to get as accurate as it possibly could. That meant it took longer, and we don’t have the tests out. The tests are more accurate, but we don’t have the tests in the numbers we need at the moment we needed them, which was last week. So now we are still struggling to catch up on testing all over the country.

Multiple other labs and multiple universities are also coming on board. In