

Our healthcare workers, men and women who perform extraordinarily difficult jobs even in ordinary times, are now asked to bear additional burdens. But know this, healthcare workers: You are our heroes. America stands with you, and Democrats are fighting to help every one of the emergency workers during this crisis.

So, to our healthcare workers and to every American out there finding their way through these challenging times: Stay strong. We are working to provide you the relief to see you through the crisis. We will get it done—Democrats, Republicans—together. Once the scourge of this virus has passed, we will come back stronger and even more resilient.

President Franklin D. Roosevelt told a generation facing its own national crisis:

This great Nation will endure as it [always] has endured. It will revive and it will prosper . . . [because there] is no unsolvable problem if we face it wisely and courageously.

With wisdom and with courage, we will endeavor to finish the job here in Congress—whatever it takes.

I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

SENATE LEGISLATIVE AGENDA

Mr. McCONNELL. Mr. President, Senators' bipartisan discussions continued all day yesterday and through the night. Both sides' negotiators, with the administration, are continuing to work toward a bipartisan agreement on major legislation to support American workers and families, protect small businesses, help to stabilize our economy, and put more resources on the frontlines of our healthcare battle against the coronavirus.

As of now, an agreement has yet to be finalized, but our committee chairs, their Democratic counterparts, and President Trump's representatives are making important progress.

Yesterday, I took action on the floor to keep the process moving along with the urgency that it demands. By rule, it set up our first procedural vote for tomorrow, and then, on Monday, the Senate will vote on passage.

It has only been 2 days since Senate Republicans introduced the Coronavirus Aid, Relief, and Economic Security Act to give shape and structure to these urgent discussions. We put forward four objectives:

First, put emergency cash in the hands of individuals and families as quickly as possible.

Second, deliver the major relief that American small businesses need at this unprecedented time, and deliver it fast.

Three, help bring some stability to our economy and prevent as many layoffs as possible.

Four, continue to rush resources to the frontline healthcare workers and providers who are actually treating patients.

And perhaps most important of all, we looked specifically for policies that could do all of the above as quickly as humanly possible.

Small businesses all across the country have made it clear: If they are going to keep their lights on and keep their employees on payroll, they need help, and they need it now.

Americans who have already been laid off due to this crisis have made it clear they need help and they need it now. Key national industries which are hemorrhaging business through no fault of their own but due to the government's own public health guidance have made it clear: In order to retain their workers, they need help, and they need it now.

In particular, every single American who has opened a newspaper or turned on the television in the last week has heard from our brave nurses, doctors, first responders, and public health experts: If our Nation is going to punch back and beat this virus, the people on the medical frontlines need our help, and they need it now.

Senate Republicans put out our starting proposal as fast as we could. Then I created a structure for bipartisan discussions to begin as fast as they could. No legislation will move through the Senate that does not contain ideas from both parties. That is the way this body is designed. So these bipartisan talks have been essential, and they are ongoing, but what we need to do now is move forward.

Now, 2 days ago the press reported that a senior Member of the House Democratic leadership told his colleagues: "This is a tremendous opportunity to restructure things to fit our vision"—a senior Member of the House Democratic leadership.

Well, let me suggest that that is exactly—exactly—the wrong approach right now. That is the kind of thinking that could bog down these urgent discussions. That is the kind of mindset that the American people cannot afford for their elected representatives to adopt. I hope it does not describe the view of our own Senate Democratic colleagues as we try to close out these talks.

More Americans are being laid off every day. More small businesses are being forced to shed payroll every day. Our nurses and doctors are running lower on key supplies every day. This is not a political opportunity. This is not a political opportunity. This is a national emergency. It is time to come together, finalize the results of our bipartisan discussions, and then close this out.

Earlier this week, I had the Senate move quickly to pass the more modest bill that came over from the Democratic House of Representatives. I didn't believe it was perfect—far from it. But Senate Republicans did not

delay it needlessly. We did not try to originate our own version and burn several more days trying to fit them together. Instead, we treated that bill with the bipartisanship and urgency this crisis requires. Since then, the situation has only grown more dire, so I hope that our Senate Democratic colleagues and the Democratic House will bring equal bipartisanship and equal urgency to this legislation as well.

In closing, I think all of us could take a lesson from our constituents. As we finish negotiating and finalize this bold legislation, we should look to the American people. Everywhere you look these past days, individuals, families, and organizations are stepping up to the plate and finding creative ways to serve those in need.

One of my fellow Kentuckians is a woman named Erin Hinson. Erin lives in Louisville. She is someone whom doctors have told to be particularly careful these past few days, so her opportunities to pitch in were somewhat limited, but she was determined to do her part. Here is what she said: "I may never have the capacity to develop a vaccine or a magic pill to get rid of COVID-19 . . . but I can master a spreadsheet!"

Erin created a website—Louisvillecovid19match.com. There is one sign-up sheet for neighbors who are older or at heightened risk and another sign-up sheet for neighbors who are young and healthy. And Erin is performing a kind of matchmaking service. If someone needs a prescription pickup or some groceries delivered or even a friendly phone call, she helps make the connection.

With a little help from local media, Erin is already tracking more than 400 volunteers—400 volunteers—from every Louisville ZIP Code. It is the perfect manifestation of Kentucky's State motto: "United we stand, divided we fall." United we stand—even if we have to stand 6 feet apart for a few weeks—and divided we fall. Brave and generous and creative Americans all across our Nation get it. They just need Congress to get it too.

I am impressed and heartened by the speed and bipartisan spirit that has characterized the past day's discussions, but we need to keep it up. We absolutely cannot let up now. We need to finish these negotiations and move forward.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

MIDDLE CLASS HEALTH BENEFITS
TAX REPEAL ACT OF 2019—Motion
to Proceed—Resumed

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to H.R. 748, which the clerk will report.

The senior assistant legislative clerk read as follows:

A bill (H.R. 748) to amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage.

Mr. McCONNELL. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. ROMNEY). Without objection, it is so ordered.

Mr. DURBIN. Mr. President, each of us receives a report almost on an hourly basis from our home States. At the end of the day, my State of Illinois sends a report on the latest situation involving this COVID-19 virus. There were 163 new infections announced yesterday—that is the biggest 1-day jump we have had—and 1 additional death.

Governor Pritzker has issued a stay-at-home order for the State of Illinois today beginning Saturday, today, at 5 p.m. until April 7. The city of Chicago is closing its parks and libraries, as well, starting today.

The Veterans' Administration has reported one confirmed veteran's case with the virus in the Chicago area. That person is now under home quarantine.

We had an exceptional situation at Midway Airport where two FAA tower employees tested positive for the virus several days ago, and we, of course, have to have an abundance of care and caution for the remaining employees there. The FAA, together with the city of Chicago, has been involved with screening the other employees and also determining whether the workplace has been cleaned properly before anyone goes back to work. The net result of it has been that Southwest Airlines announced suspending its flights in the Midway Airport because of this tower situation. When I spoke to the head of the Federal Aviation Administration, he told me there was a similar challenge at another major airport.

I am afraid we haven't heard the last of it. It is an indication of what happens when someone tests positive in a work atmosphere that is a critical part of our economy and the safety of our Nation. Our hope is—fingers crossed—that this tower may resume its activities the early part of next week, but we want to make sure that when we do, all the employees are going to be safe in their workplace.

We are also laboring in Illinois, as many States are, with the problem of

not having adequate testing. We just don't know the extent of the infection. I mentioned the numbers that were reported yesterday, but that is based on the very small sample of tests that are being taken. We still have not received the test kits, and those that we have, some of them cannot be used because they don't have the necessary reagent or chemical that is part of the collection process. It turns out we are dependent on a foreign source for that chemical. In ordinary times, it was never a problem, but in extraordinary times, it is.

I joined with Senator ALEXANDER, Senator BLUNT, and Senator MURRAY asking the National Academy of Sciences, in the midst of this crisis, to step back, get to altitude, and look down on the dependence of the United States on foreign-made medicines, medical equipment, and medical devices, and determine whether we need to reassess that dependence.

In the ordinary course of business, there is no problem with things traveling back and forth between the United States and foreign countries, but in this situation, where there is a public health crisis that has interrupted ordinary trade patterns, or in the future, if we anticipate a similar challenge because of terrorism, we have to think ahead.

I hope the National Academy of Sciences will give us their analysis of this situation as it currently exists and some guidance on how to look to these issues in the future. It is critical that we do.

We also know that we have problems relating to our hospitals. One of the things we have urged Senator McCONNELL to consider—and Senator SCHUMER used the term “Marshall Plan” for our hospitals—I think it is absolutely essential.

Yesterday, I had a conference call with 30 or 40—maybe more—hospital administrators in the State of Illinois. I wanted to share some of the thoughts they gave me yesterday in the course of that conversation. This is through the Illinois Hospital Association. They said: What we need is a direct and immediate infusion of funds. We need access to critical supplies. We need a surge capacity.

There are 300,000 hospital workers in Illinois. At this point, they need protective equipment that is lacking in so many areas. It turns out that our Federal stockpile—whatever it is worth—was either not large enough or cannot be distributed fast enough to meet the needs of these hospitals.

One of the hospital administrators—I am not going to name the individual hospital, but one of the hospital administrators of a major hospital in Chicago said: We are worried about a shortage of ventilators. I heard that over and over again.

They also want to let us know that these hospitals are taking huge financial hits today. We know about the restaurant industry because we see the

closed restaurants, and we can imagine all the workers not reporting to work and trying to make things work for their families under the circumstances, but we don't appreciate the fact that because of this COVID-19, many of our hospitals have seen a significant reduction in their revenue streams.

One of the hospital administrators said: Our outpatient clinic work is down to a minimum, and elective surgeries are being put off for obvious reasons. That is 50 percent of our revenue at the hospital, and so we have revenue issues going into this.

They urged me to, through Medicare and Medicaid, increase reimbursements, and based on preliminary bipartisan discussions yesterday, I believe that is being considered. Both Medicaid and Medicare would increase the DRGs, for example, which is the reimbursement mechanism for those treating COVID-19 patients.

They are concerned—and they told me this over and over again—that at a moment when we need our hospitals more than ever, many of the hospitals are facing closure because they just don't have the funds necessary to keep the doors open. The ordinary sources of revenue and profit have been pushed back and reduced. There are a variety of proposals that came to us in terms of making these Federal funds available, but they urged me over and over again to do this as quickly as possible and not to establish some long, involved bureaucratic process for applying for these funds.

We also talked about the money flowing directly to the hospitals rather than through State governments or through some Federal agencies. I know this is risky business when it comes to accounting, but at a time of a national economic and public health crisis, I personally agree with them. I think we have no choice.

I went through the hospitals, and they talked about their liquidity and cash problems. They said we need to treat this like a FEMA emergency. There are responses that use hospitals in those emergencies, that cut through the redtape and get the money to the places needed as quickly as possible. We have to do exactly the same thing.

They talked about the number of infections growing exponentially, and they also talked to me about one rural hospital that literally said they were within days of closing. I can tell you, in that area of the State—a rural part of the State of Illinois—it means patients facing any medical challenges will have long distances to travel to find a place to be treated. We can't let that happen if it is at all possible to save these hospitals.

They understand the overseas supplies are coming in. Many of them are desperately needed. They asked if there is any way to expedite that by the use of cargo air that may not be utilized in the ordinary course of business. We are looking into that because of our economic situation.