

be waived. It is never waived. It is always a live, relevant, legitimate question, one that can be raised *sua sponte* by the Court itself.

In his dissent, Justice Alito acknowledged this point and explained it well with the following words:

Neither waiver nor *stare decisis* can justify this holding, which clashes with our general rule on third-party standing. And the idea that a regulated party can invoke the right of a third party for the purpose of attacking legislation enacted to protect the third party is stunning. Given the apparent conflict of interest, that concept would be rejected out of hand in a case not involving abortion.

The conflict of interest to which Justice Alito is referring refers to the fact that you have got here, on the one hand, a State regulating a particular act—here, abortion providers, clinics, and physicians who perform abortions. That entity, like any other entity that is otherwise going to be regulated, has an interest in being not regulated.

It makes it easier, perhaps cheaper, perhaps more lucrative for that entity, for those providers, to be in that business if they are less regulated. It makes it easier for them to do what they do and perhaps more profitable if they don't have to have admitting privileges at a hospital within 30 miles of the location of the abortion clinic.

That is very different than the potential interest of their patients. Their patients have exactly the opposite interest. Their patients have the interest in making sure that the abortion provider provides for a safe, healthy environment in which adequate care can be provided to the patient, such that as complications arise, the doctor can take the patient to a hospital and, with those admitting privileges, can go about setting in order the course of treatment that needs to be pursued.

And so Justice Alito's point was simply that, in this circumstance, you have a completely different set of interests, some that are being advanced by abortion providers, some that the State holds, and some that the patient holds. They are separate; they are distinct; and here, really, they are at odds with each other.

So Justice Alito went on to explain:

This case features a blatant conflict of interest between an abortion provider and its patients. Like any other regulated entity, an abortion provider has a financial interest in avoiding burdensome regulations such as Act 620's admitting privileges requirement. . . . Women seeking abortions, on the other hand, have an interest in the preservation of regulations that protect their health. The conflict inherent in such a situation is glaring.

So with this circumstance, the plaintiffs did not have standing. They didn't even assert the prerogative of asserting the rights of themselves. They didn't claim that they themselves had injuries that were constitutionally cognizable in court.

They instead said that they were asserting them on behalf of an injury that would be suffered, and had not yet arisen, on the part of their patients, and that is a problem.

So the Supreme Court, as far as I can tell, based on the time that I have spent reviewing the decision, the Supreme Court abandoned its ordinary standards and applied a different standard here so as to make it easier for this group of plaintiffs to raise a constitutional challenge.

Madam President, I see the majority leader has entered the Chamber, and I ask unanimous consent for permission to be able to continue my remarks after the majority leader has conducted his business, as if without interruption.

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

The majority leader.

Mr. McCONNELL. Madam President, I thank my friend from Utah. I will be brief.

LEGISLATIVE SESSION

Mr. McCONNELL. Madam President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Madam President, I move to proceed to executive session to consider Calendar No. 718.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Russell Vought, of Virginia, to be Director of the Office of Management and Budget.

CLOTURE MOTION

Mr. McCONNELL. Madam President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Russell Vought, of Virginia, to be Director of the Office of Management and Budget.

Mitch McConnell, Marsha Blackburn, Joni Ernst, John Boozman, Steve Daines, Cory Gardner, Pat Roberts, Mike Rounds, Mike Crapo, Roger F. Wicker, Cindy Hyde-Smith, Lamar Alexander, Shelley Moore Capito, Rob Portman, Roy Blunt, John Barrasso, John Thune.

LEGISLATIVE SESSION

Mr. McCONNELL. Madam President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2021—Continued

The PRESIDING OFFICER. The Senator from Utah.

JUNE MEDICAL SERVICES V. RUSSO

Mr. LEE. Madam President, that was the first error that I think deserves to be mentioned in this context—the error apparent in the fact that the Supreme Court ignored the fact that the plaintiffs before the Court lacked standing. They just glossed over this issue. Why? Well, because it involves abortion, and I guess abortion is different.

The explanation provided by the plurality and by the Chief Justice—understanding that in order to form a majority, sometimes you have to cobble together a concurring opinion with a plurality opinion, and that is what happened here.

Their analysis on the standing issue in this case simply doesn't wash. It doesn't add up. In fact, I believe it defies what every first-year law student is taught in American law schools. It doesn't work.

Secondly, this draws attention to another problem with the Court's jurisprudence in this area. When abortion is treated differently than other things, it leads to a fair amount of tail-chasing by the Court because the Court has stepped in—starting with *Roe v. Wade* and continuing with *Casey* and the other cases since then on this topic—the Court has stepped in essentially as a superlegislative body, and it has attempted to set out a rule saying that you can't undermine what the Court has declared to be a right to access abortion.

So let's set aside, for a moment, that question of what we would be looking at if we were dealing with a law prohibiting abortion, but this isn't that. Again, this was a law, Act 620, adopted by the Louisiana State Legislature that simply required that doctors and clinics performing abortions be run by doctors having admitting privileges at a hospital within 30 miles.

It is not an abortion ban. It is just a public health and safety regulation of the same sort that you might see in effect with respect to surgical centers or other outpatient treatment clinics throughout that State.

And so, nonetheless, you have got *Roe v. Wade* and its progeny in which the Supreme Court has stepped in, basically, as a superlegislative body saying you can't impose too heavy of a burden on a woman's access to or ability to obtain an abortion.

The problem with that is there is nothing in the Constitution that says that. There is nothing in the Constitution that makes this a Federal issue. There is nothing in the Constitution that takes what is essentially a legislative judgment; namely, the legality or

lack thereof of a particular medical procedure and makes it a question not only of Federal constitutional law but of Federal constitutional law that can be written and then addressed and then allowed to evolve solely within the hermetically sealed chamber of the Supreme Court of the United States.

This is what produces this kind of tail-chasing. This is what produces this nonsense, and it is also, by the way, what produces a whole lot of the political vitriol and venom surrounding the Federal judiciary.

Why? Well, because they exercised will instead of judgment. What do I mean by that? Well, in Federalist No. 78, Alexander Hamilton referred to the difference between what lawmakers do and what judges do. In the legislative branch, they exercise what Hamilton referred to as “will,” meaning they decide what the law should be. They adopt policy. They say: We think the law should say x, and they have the ability to do that. Under our system of government, article I gives the law-making power, the power to engage in exercises of will, to the legislative branch.

Judgment, by contrast, is what is wielded by the judicial branch. Judgment asks not what should be but what is and, most notably, what has been. It looks, as it were, in the rearview mirror, looking at what the law said as of a particular moment in time.

So it is the job of the jurist not to say what the law should be but, instead, to say what the law is and only when the question of what the law is comes properly before the court’s jurisdiction in cases or controversies between multiple litigants properly before the court’s jurisdiction.

And so Hamilton explained in Federalist 78 that there is a difference between will and judgment and that you don’t ever want the judicial branch exercising will.

Well, why? Because, among other things, it is not their job. Judges are appointed in our Federal system for life so long as they are on good behavior. They are not subject to elections, ever. You don’t get elected to get on the court; you don’t get elected to stay on the court. You are on there for life.

Why? Well, because your job is a relatively limited one. It looks only in the rearview mirror. Your job is not to set policy but to interpret in very narrow circumstances.

In this circumstance, in *Roe v. Wade* and its progeny, the Supreme Court stepped in and exercised will. As a result, they have taken decisions away from lawmakers—State and Federal lawmakers alike—for decades.

This has had the predictable result of making a lot of people unhappy at every point along the political continuum—every single point.

Why? Well, because they exercise will instead of judgment. They exercise legislative jurisdiction rather than judicial discretion.

Justice Thomas, in his dissenting opinion in *June Medical Services v.*

Russo, said, referring to *Roe v. Wade* and its progeny:

[T]hose decisions created the right to abortion out of whole cloth, without a shred of support from the Constitution’s text. Our abortion precedents are grievously wrong and should be overruled.

Justice Thomas wrote in a separate passage, explaining that “*Roe* is grievously wrong for many reasons, but the most fundamental is that its core holding—that the Constitution protects a woman’s right to abort her unborn child—finds no support in the text of the 14th Amendment.”

So we see that the Court was wrong in pretending that the plaintiffs in that case, not patients, not women who wanted to seek abortions but couldn’t, but doctors and clinics who have an interest potentially adverse to their own patients who didn’t want to be regulated, were allowed to assert standing as if it were their constitutional injury that were at stake, and it was not. The Court went on to compound the problem by continuing to apply the statutory, effectively legislative, proscriptive framework of *Roe* and its progeny, which itself finds no support—not in the Constitution, not in Federal statute, not in 400 years of Anglo-American judicial precedent, not in common law. They just made it up, and they said it is important. We, therefore, deem it to be part of the Constitution. These are the first two errors.

There is a third error I want to call out from the Supreme Court’s unfortunate and very wrong ruling in *June Medical Services v. Russo*. The third category of error that is built into this decision relates to the standard by which a court deems something unconstitutional. Separate and apart from the standing issue, separate and apart from the fact that *Roe* was a made-up doctrine, there is also a problem in that the Court didn’t approach this constitutional question the same way that it is supposed to address all other constitutional questions.

Under a well-worn line of cases, including a case called *United States v. Salerno*, the Supreme Court, with only very rare exceptions—not relevant, not present here—does not declare a statute facially unconstitutional unless that statute is alleged and proven to have been unconstitutional in all of its potential applications.

Let’s break that down into more common language. You can’t just walk into court and say that a particular law is categorically unconstitutional; you have to wait until that law is unconstitutionally applied to you. That is called an as-applied challenge. As-applied challenges are the norm, the rule, and they are the default. In almost all cases, that is how you get something deemed unconstitutional, is through an as-applied challenge; that is, the Court doesn’t just strike it down in its entirety.

But it is striking down the law in its entirety that the Court did here—that the Court was asked to do here and

that the Court, in fact, did here under circumstances in which the law had not even yet been implemented and had never been enforced—not once. They didn’t even wait to see if it could be or would be or might be implemented in a manner consistent with the text and history and structure of the U.S. Constitution. They just walked in and said: The whole thing is unconstitutional. Get rid of it.

Why is that a problem? It does matter. It matters because ours is a system of rules and laws. It is based on the constitutional text. Yes, precedent factors into it, but precedent can’t be the inexorable command.

In any event, precedent here went the other way with respect to the standard by which you deem something unconstitutional in all of its applications.

As Justice Gorsuch explained in his separate dissent, “In effect, the standard for facial challenges has been flipped on its head: Rather than requiring that a law be unconstitutional in all of its applications to fall, today’s decision requires that Louisiana’s law be constitutional in all of its applications [in order] to stand.”

In other words, as Justice Gorsuch explained, they applied a completely different set of rules here. Why? Well, simply because this involves abortion, and abortion is different. Somehow abortion—withstanding the fact that it makes no appearance in the Constitution—somehow abortion is treated differently. Now abortion is treated differently even in this separate line of cases, even in this separate line of precedents dealing with facial challenges versus as-applied challenges.

If, in fact, the Supreme Court is going to stick to *stare decisis*, the principle invoked over and over and over again in that frankly awful decision yesterday, for which the Court should be ashamed, *stare decisis* is the principle that basically says: We as a court, once we have decided something one way, are going to continue to follow that precedent most of the time unless we really really don’t want to.

That is, in essence, what *stare decisis* means. They invoked *stare decisis* over and over and over again in that case and said that is just how it had to be because, well, *stare decisis* requires that.

Well, they didn’t follow *stare decisis*. They didn’t follow their own precedent when it comes to their standing docket. They didn’t follow their own precedent. They didn’t adhere to *stare decisis* when it comes to *United States vs. Salerno*. They utterly ignored the fact that this is a case in which the statute invalidated by the Supreme Court of the United States yesterday is capable of being applied in a fully constitutional manner.

By the way, they made a number of assertions about the factual record of the case and about the effect of Louisiana’s Act 620 that are simply wrong.

They invalidated this law by saying: Look, the Louisiana Legislature claims that this Act 620 was put in place in order to protect women's health. We don't really think that is the case. We don't think they have met that standard here.

First of all, in doing that, they ignored precedent applicable in literally every other scenario in which they defer substantially to the determinations of a legislative body in deciding whether the law that they are passing in fact will have the effect that they want, especially in an area like public health and safety. They ignored the fact that they had abundant testimony before the Louisiana Legislature supporting the basis for what they were doing.

In Justice Gorsuch's dissent, he referred to multiple pieces of information before the legislature. He pointed out that one woman testified that while she was in an abortion clinic after having a procedure and she was hemorrhaging, her abortion provider told her: You are on your own. Get out.

Eventually, the woman went to the hospital, where an emergency room physician removed fetal body parts that the abortion provider had recklessly left in her body.

Another patient who complained of severe pain following her abortion was told simply to go home and lie down.

In another case, a clinic physician allowed a patient to bleed for 3 hours even though a clinic employee testified that the physician would not let her call 911 because of a possible media involvement. In the end, that employee at that clinic called 911 anyway, and emergency room personnel, upon the arrival of that patient, discovered that the patient had a perforated uterus and, as a result, needed a hysterectomy.

A different physician, speaking to the Louisiana State Legislature in connection with their deliberations on Act 620, explained that she routinely treats abortion complications in the emergency room when the physician who performed the abortion lacks admitting privileges. In the experience of that physician, "The situation puts a woman's health at an unnecessary unacceptable risk that results from a delay of care and a lack of continuity of care."

It was on this basis that the Louisiana State Legislature concluded that having admitting privileges would help to contain these risks and help protect women because a physician—the same physician who performed that procedure, if he or she has admitting privileges in a hospital within 30 miles of the abortion clinic in question, would be the physician in the very best position to treat that patient.

So, yes, could reasonable minds reach different conclusions as to the exact set of regulations applicable to an abortion clinic or any other type of healthcare clinic? You bet. There are a lot of ways to get at the same issue.

There are a lot of ways to protect human health and safety. It is not the job of the Supreme Court of the United States to decide exactly how those laws are written in Louisiana. And make no mistake—that is what the Supreme Court did here. They might as well have removed their robes and pretended simply to be lawmakers. What they are doing is that blatant, and it is very wrong.

There is, moreover, a connection between this logical disconnect that I refer to and the fact that the standing analysis that I alluded to earlier shows something else that the Supreme Court did wrong. This shows that the very same concerns that the Louisiana Legislature had on behalf of the patients—the would-be victims of medical malpractice at many of these abortion clinics—are concerns that were not present before the Court. They were not represented among the plaintiffs in that case. That is yet another reason why the Supreme Court of the United States acted lawlessly, in a shameful manner, in the June Medical Services case.

The PRESIDING OFFICER (Mr. LANKFORD). The Senator from Texas.

S. 4049

Mr. CORNYN. Mr. President, this weekend, the American people will celebrate 244 years since our Nation's independence. Over these last two and a half centuries, our country has faced and defeated many enemies who have sought to undermine the very foundation of our way of life. They sought to take away our freedom, undermine our values, and destroy our way of life. They also in the process sought to instill fear, hate, and perpetrate violence. But each time, our country has prevailed.

It is really a miracle, if you look back at our Nation's history, that we made it through a civil war, two world wars, and we find ourselves still the beacon of liberty that attracts so many people from around the world who want to live here and become Americans and pursue their dreams here. All of that starts with our security.

As we celebrate our independence and generations of men and women who fought to protect it, we are now engaged in fulfilling our most important responsibility, and that is to provide for the common defense. We do that by advancing the National Defense Authorization Act.

This bill is an annual exercise and is part of Congress's commitment to give our men and women in uniform the support they need to defeat those threats and to prepare for ones that will inevitably come tomorrow. We have done this for the last 59 years. Believe it or not, we have been consistent and done this for the past 59 years. I can't think of any other area where Congress has been so consistent. In doing so, we have managed to overcome our differences and pass this legislation, as we should. This is how we determine how our soldiers, sailors,

airmen, and marines are paid; how our alliances are to be strengthened; and how our military facilities are to be modernized and maintained. As the threat continues to evolve, it is how we ensure that we are the best there is.

In 2018, the national defense strategy was crafted to recognize the reality of the global threats we were facing then and we still face today and outline a comprehensive strategy to maintain what Ronald Reagan coined as "peace through strength." The past two Defense bills have supported the implementation of that national defense strategy, and this legislation will continue to build on the progress we have made.

Given the state of our world, preserving our military readiness has never been more important. Both China and Russia have become much more aggressive in their attempts to disrupt the global order. North Korea continues to provoke the United States and our allies with its nuclear aspirations. Iran's hostile and unpredictable actions continue to threaten democracies around the world. Our adversaries are investing in their capabilities in an effort to surpass ours, and in some areas, sadly, they are succeeding.

Simply put, America no longer enjoys the competitive edge we once had on our competitors and adversaries. We can't allow that status quo to be maintained. We must change it, and that is where the NDAA comes in.

This legislation makes tremendous strides in maintaining that technological advantage, in modernizing our weapons, building resilience, and regaining a credible military deterrent. What keeps us safe is our deterrent. We need any foe to realize that if they engage the United States in military conflict, they will be defeated. The moment they believe that they can take us on and gain some advantage, they will do it. That is the nature of the world we live in. So the deterrent value of what we are doing here this week could not be more important.

All told, the defense authorization bill will support \$740 billion for our national defense. That is the single biggest ticket item in our Federal spending. It will mark a significant step forward in our efforts to modernize and strengthen our military. But this bill is about more than maintaining our powerful national defense; it is empowering the men and women behind it. America's 2.1 million servicemembers have made a commitment that most of us have not made, and that is to volunteer to serve in the defense of our Nation and in so doing, joining the ranks of America's heroes who have defended our country throughout our history. They make sacrifices each and every day, not because it is good for them but because it is good for all of us. We owe it to them to support them in any way we possibly can, both on duty and off.

This legislation provides for a modest 3-percent pay raise and additional support for our families. Since we have an

all-volunteer military, it is frequently said that it is the individual servicemember who volunteers, but it is the family that determines whether we will retain them in military service. So this bill provides for military spouse employment opportunities and childcare.

I offered one amendment to the bill that would extend this support to help military parents during a time of tragedy. It would change a policy that was brought to my attention by Maj. Matthew Checketts, who is an Active-Duty airman at Joint Base San Antonio-Lackland.

Major Checketts and his wife Jessica spent much of last year preparing for the arrival of their newest family member, a little girl named Elaine. Elaine would be their sixth child, joining a squad of boys who were eager to have a little sister.

When Elaine arrived last fall, Major Checketts was given 21 days of parental leave to spend time with his family, but then they experienced an unimaginable tragedy. Their beautiful daughter passed away. Instead of getting to know their newest family member, the Checketts family was facing a hardship every parent prays they will never have to endure.

For many military families, that loss is made even more difficult because of a Department of Defense policy which ends a servicemember's preapproved parental leave upon the death of a child. There is no time to grieve and no time to regroup. That means no time to be with your grieving family or somehow process this immeasurable loss. The policy of the Department of Defense currently requires servicemembers to leave their family and return to work when that child dies.

In Major Checketts' case, his commander allowed him to take his preapproved leave so he could stay with his family, but not every servicemember will get that same consideration. That is why Senator DUCKWORTH and I introduced the Elaine M. Checketts Military Families Act, named after Elaine. This legislation would amend current leave policy for servicemembers so their preapproved parental leave is not terminated upon the tragic event of a child's death.

This is actually in line with other civilian Federal employees, and there is no reason why servicemembers should be treated differently. The grief of losing a child should not be aggravated or compounded by having to face the grief thousands of miles away from your family.

So, as we begin to debate this year's Defense authorization bill, let's keep at the forefront of our conversation the men and women who are heroically offering themselves, and, indeed, their very lives, on some occasions, to protect against the threats to our country. Let's work in good faith to get this bipartisan bill passed soon.

Let me commend Senator INHOFE, the chairman of the Armed Services Committee, and Senator REED, the

ranking member, for their leadership on this bill, as well as all the members of the Senate Armed Services Committee. I particularly appreciate their maintaining the tradition of strong bipartisanism that has historically guided this legislation.

As we get closer and closer to the Fourth of July, let us remember all of America's Armed Forces, what they have all given to protect our freedoms, and let's make sure we do our job both here in Washington, with a strong Defense authorization bill, and at home, with our demonstration of support and expressions of gratitude and appreciation.

The PRESIDING OFFICER. The Senator from Washington.

UNANIMOUS CONSENT REQUEST—S. 4112

Mrs. MURRAY. Mr. President, I thank my colleagues who will be joining me this evening—Senator BALDWIN, Senator HASSAN, and Senator SCHUMER—to advocate for much needed action to protect workers, to provide relief to State and local governments, and to bolster our public health system.

I rise to speak about the steps we need to take to invest in childcare and education. COVID-19 has upended childcare and schools in a way that truly is unprecedented. It has created chaos across our education system.

Since we passed the CARES Act over 3 months ago now, Senate Republicans have not done anything to address the countless challenges that our childcare providers, our educators, our schools, and, of course, our students and families are facing. Instead, they have chosen to pretend that this crisis is over and that we should just return to business as usual, which for them means most often voting on partisan judges and not much else.

As my Republican colleagues continue to delay any response, urging Democrats to pump the brakes and "wait and see," we are hearing from parents who aren't sure if they can go back to work because their childcare provider closed. We are hearing from teachers who aren't sure if they will even have a job to return to in the fall. We are hearing from college students who might be forced to drop out because they desperately need financial assistance during this economic downturn.

We don't need to wait and see to know we need to provide relief immediately. In our childcare system alone, we are now at risk of losing millions of childcare slots because providers across the country are struggling to keep their doors open.

As Senate Republicans are burying their heads in the sand on this, our K-12 schools are now facing some of the biggest cuts to State and local revenue we have seen in a long time, all while struggling with the increased cost of dealing with how to reopen safely and to continue to provide quality education during a pandemic. We know this crisis is hitting, especially hard,

students of color, students from low-income families, students who are experiencing homelessness, students with disabilities, and many other students who are marginalized in our education system.

Our higher education system is under serious financial pressure as colleges across our country, especially our Nation's HBCUs and our Tribal colleges and our minority-serving institutions, struggle with the consequences of this pandemic. Many students have been forced to drop out of higher education because they lost their job or they can't meet their basic needs. To address all of these problems, we need a massive investment in our childcare system, in our schools, and in our students and families now.

This is why, today, I am introducing the Coronavirus Child Care and Education Relief Act. This bill creates a Child Care Stabilization Fund, which will provide grants to make sure providers can stay open and that working families get the tuition relief they need. It will provide K-12 schools with the funds they desperately need to help students with increased academic and social emotional supports to address learning loss, to put in place public health measures to make our schools safer for students and educators, to make sure specific funding goes to support students with disabilities, and to address the other growing inequities for students of color and many others.

The bill will also make a \$132 billion investment in our higher education system to provide emergency financial aid grants to students for expenses like food and housing, childcare, technology supplies, and to help our colleges to confront the increased cost and financial pressures they are now facing during this COVID-19 pandemic.

Additionally, this bill will reverse Secretary DeVos's cruel attempts to prevent millions of students, including our undocumented students and DACA recipients, from receiving emergency aid, block her from giving special favors to colleges that don't need taxpayer dollars, and stop her from taking funding that was meant for public schools to advance her privatization agenda.

There is a long road ahead to fully address the education and childcare crisis, but this bill is an important step for childcare providers, our students, our families, and our educators. Our schools cannot wait any longer.

I ask unanimous consent that the Senate proceed to the immediate consideration of S. 4112, the Coronavirus Child Care and Education Relief Act introduced earlier today. I further ask that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. SCHUMER. Mr. President, before my colleague from Utah wishes to object, may I say a few words?

The PRESIDING OFFICER. The Democratic leader of the Senate.

Mr. SCHUMER. Mr. President, I thank the Senator from Washington State for introducing this legislation, which I am proud to cosponsor.

Education is the future foundation of our success in America. It has always been. When a crisis occurs, we have to stand by those who educate our kids, and, most importantly, our kids themselves, whether they be in preschool, whether they be in K–12, or whether they be in higher education.

There are so many different ways that this crisis has affected our schools, and, frankly, if our schools can't open in September, millions of Americans who want to go back to work and who could go back to work will not be able to because they have to be home taking care of their kids. There is a need to really step up to the plate in a real way and improve education over the long run, but at the same time not let it deteriorate because the coronavirus has so affected our schools in so many different ways.

I would hope that this body would pass this measure. It is vital—vital—to get our economy going, vital to resume the education of our kids, vital to make sure that classrooms can function in a healthy way, and vital to providing the kind of childcare that people need as well.

I hope that my colleagues, again, would support this legislation. It is so important. If America is going to have a great future—and I hope and pray and believe we will—we are going to have to have the best schools in the country, and if we are a country that lets a pandemic hurt our schools badly so they will take years to recover, woe is us.

So I thank my colleague from Washington State for introducing this measure. I am for it. Even if there is objection here, we will be coming back to this issue because it is so, so important for the future of our country. I appreciate the gentleman from Utah yielding, and I appreciate the good works of my colleagues who have put together this legislation.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Mr. President, reserving the right to object, we received this 125-page bill yesterday evening. I have great appreciation and respect for my colleague, the Senator from Washington, and yet I can't look at this 125-page bill we saw for the first time yesterday evening without thinking that hardly enough time has passed since this legislation was introduced to even read the bill, let alone to mark it up in committee or bring it up on the Senate floor and have it passed here.

Even though Congress has acted to provide emergency assistance in response to the current global pandemic, this legislation includes significant additional spending for a number of programs that have not been debated in the Senate. This bill would also create at least one new program, and I say “at

least,” because, again, we are still trying to figure out what is in it. It creates at least one new program, the Community College and Industry Partnership Grants Program. I am sure this would do a number of good things, but, again, this thing is not ready for prime time. This program is, as far as I can tell, largely duplicative of existing programs. This legislation would provide \$2 billion for it anyway.

A bill of this length and a bill that provides for billions of dollars in new spending should not—I would hope would never—be passed this quickly. The Senate should take the time to thoroughly weigh the changes proposed in this legislation. Therefore, on behalf of Senator ALEXANDER and myself, I object.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I am sorry that the Senator has objected this evening. This is an issue that is critical to every family in this country. We all want our economy to open. I assure everyone that if people can't get childcare, they cannot go back to work. Our schools are going to be looking immediately into how they are going to be opening. Without the additional resources they need, they will not be able to do it. Our kids and our families are worth this bill.

I know that several colleagues will be speaking here tonight on this, but I want the Senate to know that these are priorities that we are going to be fighting for. I urge the Senate to bring up the next COVID package. I am willing to work with everybody on it, to hear what everybody has to say, but our kids, our families, and the future of this country has to have our support at this critical time.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I rise today to join Senator MURRAY and my Democratic colleagues in calling for substantial additional funding for childcare and education as our country continues to grapple with the COVID-19 pandemic.

In New Hampshire and across the country, this pandemic has turned families' lives upside-down. As classrooms shifted to living rooms, many parents have had to take on new roles, balancing teaching their children with their own day-to-day work. Other parents, including those who are on the frontlines of responding to this crisis, have had to figure out new childcare arrangements to ensure that their children are cared for while they go to work. Teachers and educators have had to adapt and find new, innovative ways to meet the needs of all students.

With cases rising across this country, there is significant uncertainty facing families and educators who are trying to navigate what our systems of education and childcare are going to look like in the coming months.

The legislation being offered by Senator MURRAY today would be a strong

step forward in helping families and educators prepare for the road ahead, and, as with all preparation, timing matters. Delaying necessary actions doesn't address the new challenges educators and families face; it just makes it harder for them to get their jobs done.

The Coronavirus Childcare and Education Relief Act, which am I proud to cosponsor, is a comprehensive bill that would help meet the needs of students and childcare centers, K–12 schools, and institutions of higher education.

Among its many provisions, this bill makes significant investments in childcare. Childcare centers have already been hit hard by lost revenue during the pandemic, and now they face added costs in implementing new health and safety policies to mitigate the risk of spreading COVID-19. This legislation would provide them with much needed relief.

In addition, this legislation would bolster emergency funding for K–12 schools. This funding would help address challenges with students who have fallen behind. It would help schools institute public health protocols, and it would give schools more resources to ensure that all students—all students—get a quality education, whether it is in person, remotely, or a combination of both.

As we have worked to ensure that schools can effectively educate all students during this pandemic, I have also been focused on preventing students who experience disabilities from being overlooked. Before COVID-19, students with disabilities were already more vulnerable to disruptions in their education since the additional resources they need are often scarce. This pandemic has exacerbated the challenges students with disabilities face, and many have lost meaningful access to the critical services that make their education possible.

We know that large numbers of students will require remedial help when they return to school, and these challenges will be particularly acute for students with disabilities. To address this, Senator MURPHY and I have been calling for additional dedicated funding through the Individuals with Disabilities Education Act, and I am pleased that this legislation meets those calls, providing \$12 billion in funding to help ensure that students with disabilities receive the same educational opportunities as do their peers.

Finally, to address the challenges facing institutions of higher education, this bill provides colleges and universities with critical emergency funding, helping strengthen emergency financial aid for students as well as bolstering support to help these institutions follow public health guidelines. It also provides key funding for community colleges as well as career and technical education programs.

This upcoming school year will look different than any other we have ever seen before, and we must be prepared

so that students do not fall further behind. The legislation that Senate Democrats have brought forth today will give schools and families some needed certainty, and this certainty is critical for the planning that needs to happen now. Delay in this moment is irresponsible.

I am grateful to the Senator from Washington for her leadership on this bill and on all the efforts that we make to strengthen education for all of America's children.

I urge my Republican colleagues to support this bill, to join with us to make sure that, as we grapple with this pandemic, we can all help our students thrive and our families get back to work.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

UNANIMOUS CONSENT REQUEST—S. 3677

Ms. BALDWIN. Mr. President, I want to also join in commending Senators MURRAY, SCHUMER, and HASSAN. I am proud to be a part of this effort to make sure that children, from early childhood education to lifelong learning, are able to continue and not fall behind. It is critical that we act on this legislation.

I rise to speak to another measure that has gone undebated in this body. It underlies the reopening of our economy, including K-12 education and many other activities. In fact, I started working on this legislation with Senator DUCKWORTH when it was only essential workers who were reporting to work every day, but now, as we reopen, it is so required.

As our Nation battles an ongoing and deadly pandemic, thousands of American workers have been on the job from the start, keeping our economy running and keeping people safe. They are healthcare workers, food service and grocery store workers, warehouse workers, transportation workers, and all those working on the frontlines every day to confront this pandemic.

Today, even as coronavirus cases continue to rise, many States have already reopened businesses and restaurants, calling more and more people back to work to serve their community. More than 125,000 Americans, including tens of thousands of frontline workers, have died, and these numbers are rising every single day. Yet there is no Federal enforceable standard in place to protect American workers from getting infected with or spreading COVID-19.

I have heard from a nurse in Wisconsin who is having to ration personal protective equipment, or PPE, and wear the same mask for 3 weeks or longer.

I have heard from a grocery store worker in Racine who says their store still lacks basic protections like protective plexiglass partitions.

I have heard from a meatpacking plant worker in Green Bay, WI, who still has to stand shoulder to shoulder with colleagues on the plant floor rather than standing 6 feet apart.

The lack of basic protections are putting Wisconsin workers at risk.

I have repeatedly called on the Trump administration to take action. The Department of Labor and OSHA, the agency in charge of protecting workplace safety and health, need to establish protections that aren't voluntary guidance but are mandatory standards.

OSHA has the authority to issue an emergency temporary standard if employees are exposed to grave danger from new hazards, but this administration has done nothing but recommend voluntary guidelines to workplaces. Voluntary recommendations are not binding, and OSHA currently has no enforceable standard to protect workers from airborne infectious diseases, leaving the Nation's workers at an elevated risk of exposure to the coronavirus. Voluntary compliance is not enough when hundreds of thousands of American lives are on the line.

Now, some businesses are voluntarily making the necessary investments to keep their workers safe, but without a mandatory Federal requirement, businesses doing the right thing are left at a comparative disadvantage.

We cannot combat this pandemic if we do not take immediate action to protect workers.

Months ago, as I said, I introduced legislation with Senator DUCKWORTH to protect U.S. workers from COVID-19 in response to disturbing and widespread reports of unsafe workplaces leading to preventable illnesses and deaths.

The COVID-19 Every Worker Protection Act would require the Occupational Safety and Health Administration to issue emergency temporary standards that establish a legal obligation for all workplaces to implement comprehensive infectious disease exposure control plans and keep workers safe during the COVID-19 pandemic.

This legislation passed the House of Representatives more than 6 weeks ago as part of the HEROES Act, but Leader MCCONNELL has buried this bill in his legislative graveyard.

This legislation is the single best way to require all workplaces to protect the health and safety of their workers and to prevent additional outbreaks and further spread of the coronavirus. It is not enough just to say "thank you" and label our frontline workers heroes. We need to create a safe workplace so that these heroes can continue to do their heroic work.

Congress can take immediate action right now to require workplaces and employers to put enforceable standards in place to protect their workers. We can and we should do more in this country to do right by our workers. That is why I am asking right now for unanimous consent to pass my COVID-19 Every Worker Protection Act.

I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of S. 3677, the COVID-19 Every Worker Protection

Act of 2020; that the bill be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Utah.

Mr. LEE. Mr. President, reserving the right to object, reasonable efforts to protect those working on the frontlines in the middle of a public health crisis should certainly be applied.

There are many individuals across the country steadfastly fulfilling their occupational duties to care for and otherwise help those who have the coronavirus. It is important that those individuals take precautions for their safety and for the safety of other people who happen to be around them. However, the bill under consideration, the bill that is the subject of this unanimous consent request, poses several problems.

First of all, it does not respect the fact that States, localities, and businesses are far better suited than the Federal Government to determine what safety standards might be needed. Instead, the legislation forces State governments to adjust their current plans to protect workers to meet standards determined by some administrative bureaucracy in Washington.

This action is burdensome, and a one-size-fits-all approach to protecting healthcare workers on the frontlines will not work. The reason it will not work is that our frontlines differ across the Nation. States must be permitted the flexibility to enact their own standards based on the needs of each State.

Further, the temporary protection standards for the bill are not truly temporary. They are described as such, but they are not, as the bill calls for permanent standards to be made based on the initially temporary standards to be determined by OSHA.

Finally, the bill broadly subjects all employees at risk of occupational exposure to the emergency standards to be promulgated by OSHA. This means that potentially every worker in every industry could be subjected to these requirements even though each industry has its own unique challenges that need to be addressed. So this broad-brush approach could limit the ability of certain individuals to work during this time even though they might actually be in a good position to do so safely.

It is critically important for our healthcare workers to be protected in a time of crisis, but the most effective way to accomplish that is by continuing to allow States, localities, healthcare facilities, and businesses to set safety standards and to ensure that those who can safely work have the ability to do so. Therefore, on behalf of Senator ALEXANDER and myself, I object.

The PRESIDING OFFICER. Objection is heard.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I am very disappointed. I think this is one of the most critical actions that our country could take in the face of this pandemic that has created so much havoc in our economy and has also has taken too many precious souls from us.

I would state this on examination of this bill: It is not, in fact, a one-size-fits-all. If there is any agency anywhere that has the wherewithal to promulgate an emergency temporary standard, and, ultimately, after 24 months a permanent standard, it is the Department of Labor and its Occupational Safety and Health Administration.

The failure of leadership that this administration—as in OSHA—is not doing its job is unfathomable to me. But I believe that it sits in the best position to issue an emergency temporary standard and protect our workers and customers and students and patients who necessarily interact with these workers. I am disappointed. But, again, we will continue to press this issue until every worker does have these protections.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

PROTESTS

Mr. LEE. Mr. President, it is with sadness, concern, and deep disappointment that I come to the floor to acknowledge something very unfortunate that happened just last night in my own hometown of Provo, UT. A group of people were gathered in downtown Provo to protest, to express concern over matters important to them.

At one moment, a car approached University Avenue, preparing to turn right on to Center Street. As that car approached, the car was surrounded by people who were engaged in acts of protests. The car tried to pull through the intersection very slowly, being cautious, and not to move into anyone.

The protesters continued to gather around the car. In the middle of all of this, the driver of that car was shot—was shot—by one of the protesters who was armed, who, according to the video that I saw, looked right into the vehicle and shot into the passenger side window with a gun.

According to eyewitness accounts, after the driver then pulled away from the intersection, trying to get away, the person with the gun fired yet again as the driver was driving away. Moments later, the driver arrived at Utah Valley Regional Medical Center, seeking medical attention. My thoughts and prayers are with that victim and the victim's family.

I am saddened that we have to be having this conversation at all, but it is something that has come to so many communities around America. These are protests, in some cases, turning into riots that have visited communities—urban and rural and suburban alike.

In many instances, people have come to those protests in order to vocalize concerns that they have with their government—concerns, perhaps, about law enforcement policy or personnel. In some cases, some protests have been carried out without violence and without incident.

A few weeks ago, I came to the floor of the U.S. Senate to talk about one such gathering in Ogden, UT, where people gathered to express their objections to what happened to George Floyd in Minneapolis about a month ago. They did so in the immediate wake of the killing of a police officer in Ogden. They dual-tracked their expressions of emotion and of concern, expressing support and appreciation to the fallen officer who had given his life enforcing the law and trying to protect his fellow Utahns, his fellow American, his fellow residents of Ogden, while at the same time protesting against what happened to George Floyd in Minneapolis.

They protested in a way that reflected well on this country, on the city of Ogden, and on the State of Utah. They left with not a scrap of trash left in the streets. Perhaps far more importantly, they left the scene without having harmed anyone or anything, without destroying property.

Yes, the American people have the right peaceably to assemble and to express their views without fear of retribution from their government. But, no, that does not encompass the right to harm other people, and, no, that does not encompass the right to engage in acts of lawlessness, whether for the purpose of destroying property or life simply because one is concerned about something.

This violence has to stop. This isn't who we are. It is important also to remember that whenever we voice concern about something in government, we remember that you can't expand government without strengthening government—the same government entity that provides law enforcement officers, the same government entity that collects taxes, that runs any government program. So we do have to keep in mind exactly what it is that we want.

There are many instances that I have observed as a lawyer, as a former prosecutor, and as a citizen in which police authority has been abused. I unequivocally condemn all such abuses. That is the very reason we have a Constitution in place to limit the power of government, of individual officials running them—government entities.

When you send law enforcement in to address a particular situation, you are not doing that for the purpose of persuasion; you do it for the purpose of force. That is the one tool that government has that is uniquely government's. It has the power of force. It is official, collective force. That is what government is.

I hope and I expect that our conversations about this will focus on how

force is used by government—where it ought to be entrusted in government, where it shouldn't. I hope, also, we can look to any of the true underlying causes of some of these abuses.

I hope and expect that we can address why on Earth was it that the man who killed George Floyd apparently had 17 complaints filed against him without formal disciplinary action ever having been taken against him. Why and how did this happen? What sort of cabal was it that was protecting him from discipline?

I hope and expect that we can have those conversations, but I hope and expect that we as a country can come together in condemning violence—lawless violence in all of its forms. Whether it is against persons or property or a combination of the two, we are better than that. Don't dress it up in the flag. It doesn't belong there. Don't dress it up in the First Amendment. The First Amendment protects our right peaceably to vocalize our concerns, peaceably to assemble—not lawlessly and, certainly, not violently.

If this can happen in Provo, it can happen anywhere. You don't want it to happen in your community, not in any community. I hope and expect that in the coming days we can come together as a Senate and adopt sense of the Senate legislation unequivocally condemning violence undertaken in a lawless fashion. Regardless of the motivation of those involved in it, it is wrong, and it must never be tolerated—not in this country, not on our watch.

I yield the floor.

The PRESIDING OFFICER (Mr. BARRASSO). The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I ask unanimous consent to speak as in morning business.

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

UNANIMOUS CONSENT REQUEST—S. 3768

Mr. CASEY. Mr. President, we are going to be talking tonight about nursing homes in the context of the COVID-19 disease.

I will start with the numbers, which I think most Americans, unfortunately, know by now. Every day we see the number of cases and the number of deaths. I don't know exactly the number today, but it was somewhere around 127,000 deaths.

Yet a number they may not know are the numbers when it comes to nursing homes. More than 54,000 residents of nursing homes or workers have died—more than 54,000. They account for more than 40 percent of all the deaths in the USA.

To say this is unacceptable in no way begins to describe the gravity of this, the tragedy, and the failure by the administration to deal with it and to have a strategy to get that number down.

I hope the administration and I hope Members of Congress would commit themselves today to say that when we come back here 3 months from now, 4

months from now, 5 months from now, that we are not again saying 54,000 more people died in nursing homes. I hope there will be an effort made by the majority in the Senate to make sure we are working together with the administration to get that number down.

I don't sense that the administration has any kind of a strategy here at all because if there were a strategy, that number would never be as high as it is.

I will have more to say later, but there is something we can do in the Senate and that is to pass legislation to do a couple of things. No. 1 is to focus dollars on the problem.

In this case, we have nursing homes across the country that never implemented the kind of practices that would help them to reduce the number of deaths in nursing homes. We know there are best practices that work. We know that when a nursing home is given the resources to separate those with COVID-19 from those who don't have it, so-called cohorting—it is a phrase we should become familiar with, “cohorting”—if that happens in a long-term care setting, the death number will go down for sure, and the case number will go down, but not enough places are doing that.

We should help them do that. I have legislation to do just that. We also know there are best practices with regard to investing in strategies that will surge medical support for nursing homes to get more professionals to be brought to bear on a problem in a nursing home. There is a lot we can do. I will have more to say about it in a moment, but I know we want to get to a unanimous consent request.

This is not going to be good enough for us to just curse the darkness and say how bad this is and how unacceptable it is. We have to act. That means the Senate has to pass legislation which includes dollars—funding—so we can have better practices in our nursing homes. I hope those who will say that is not what we should do have a good plan, a good strategy.

Let me start with a unanimous consent because I know we have to get that done here.

Mr. President, I ask unanimous consent that the Health, Education, Labor, and Pensions Committee be discharged from further consideration and the Senate proceed to the immediate consideration of S. 3768, the Nursing Home COVID-19 Protection and Prevention Act of 2020. I ask unanimous consent that the bill be considered read a third time and passed and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

The Senator from Wisconsin.

Mr. JOHNSON. Reserving the right to object.

Mr. President, the fact is, the Senate has acted. We acted very generously. In the CARES Act, we passed \$100 billion. In the CARES Act 3.5—phase 3.5—we

passed \$75 billion for a total of \$175 billion for the Provider Relief Fund. That fund allowed reimbursement and financial assistance to skilled nursing facilities and nursing homes.

To date, about \$76.9 billion—44 percent of that \$175 billion—has actually been expended, and \$4.9 billion has been expended on skilled nursing facilities and nursing homes, which means we have \$98.1 billion left.

Fifty-six percent of that \$175 billion has not been spent, and HHS has a great deal of latitude in terms of how to direct that. If more needs to go to skilled nursing facilities and nursing homes, HHS has \$98.1 billion to spend.

Before we authorize another \$20 billion and try to pass that by unanimous consent, I say we need to take a very close look at what we have already spent—close to \$77 billion—and then either redirect, repurpose, or just utilize it as was intended, the \$98.1 billion that remains to be spent.

I object.

The PRESIDING OFFICER. Objection is heard.

UNANIMOUS CONSENT REQUEST—S. 2779

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. JOHNSON. Mr. President, first, let me talk a little about the Luke and Alex School Safety Act.

The Luke and Alex School Safety Act of 2020 is named in memory of Luke Hoyer and Alex Schachter, who tragically lost their young lives on February 14, 2018, in the attack at Marjorie Stoneman Douglas High School in Parkland, FL. Luke's parents, Tom and Gena Hoyer, and Alex's father, Max Schachter, turned their tragedy into positive action by dedicating their lives to promoting noncontroversial, commonsense school safety measures so that others don't have to experience tragedies like they have.

Both Tom and Max testified before my committee on July 25, 2019, and presented their recommendations for improving school safety. One of their recommendations was to create a Federal clearinghouse of school safety best practices that schools, teachers, and parents can use as a tool to improve a school's safety posture in a way that best suits that school's community and needs.

Our committee turned this commonsense recommendation into the Luke and Alex School Safety Act of 2020 and passed it unanimously, with bipartisan support, on November 6, 2019. Even though the bill had only cleared our committee, the Department of Homeland Security agreed that it was such a good idea that it actually created and launched this clearinghouse in February of 2020. I ask unanimous consent to codify this clearinghouse within the DHS to ensure it will be continually updated to be useful and relevant for schools and teachers and parents well into the future.

By the way, I just quickly printed out the current web page here. What is on it is just very common sense. It

reads: “Find Resources to Create a Safer School.” It has the latest news and a coronavirus update. Then it has a number of different parts to the site. You can go on School Safety Tips, like bullying and cyberbullying, threat assessment and reporting, school security personnel, physical security, training, exercises and drills, mental health, school climate, emergency planning and recovery.

Again, this is completely noncontroversial. It is just a clearinghouse of best practices that every school in America can go to and cut through the clutter and, hopefully, find very practical solutions to improve the safety within their schools and, again, hopefully prevent tragedies like those that, unfortunately, befell the folks in Parkland, FL.

Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 402, S. 2779. I ask unanimous consent that the committee-reported amendments be withdrawn; that the Johnson substitute amendment at the desk be considered and agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

The Senator from Pennsylvania.

Mr. CASEY. Mr. President, in reserving the right to object, I don't have a problem—nor do, I am sure, a number of Senators—with Senator JOHNSON's bill. I am objecting on behalf of the Democratic Senators so we can start a conversation about helping all of the air traffic controllers in this country receive 12 weeks of paid parental leave, starting on September 30, 2020.

We did a great thing here in the Senate for other Federal employees last year in the National Defense Authorization Act that the President signed, but these air traffic controllers were accidentally left out. I think—and I am sure this is true of many who agree with me—that if the chairman would take a look at Senator SCHATZ's bill to fix that, these hard-working moms and dads would be very appreciative.

Therefore, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Wisconsin.

Mr. JOHNSON. Mr. President, if I could ask the Senator from Pennsylvania, I am not quite sure what that fix has to do with the school safety bill. They are completely unrelated. By the way, I talked to Senator LANKFORD earlier, and I know he also has a bill to fix that and is trying to get that into the NDAA this year. Again, it seems like there is bipartisan support for that as well.

To me, it doesn't make any sense whatsoever to hold up and not pass a bill that is completely unobjectionable and noncontroversial and that really could marginally improve school safety simply because we have not fixed what

we kind of botched the last time around even though there is bipartisan support to actually fix it. So I guess I am kind of scratching my head and not understanding that objection.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I think the reference was to Senator SCHATZ's bill, and I am just asking, on behalf of the Democratic Senator, if the chairman would take a look at that bill.

Mr. JOHNSON. Yes, I am happy to take a look at that as I am willing to take look at the Lankford bill and get that in the NDAA. So, perhaps, maybe, if that gets included and gets fixed, we can come back at a later date and pass this by unanimous consent.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

CORONAVIRUS

Mr. WHITEHOUSE. Mr. President, I come to the floor to talk about the problem for which Senator CASEY asked unanimous consent, which is of the terrible plague of deaths in nursing homes across the country.

We just heard the chairman say that he is not sure what the air traffic controllers have to do with his proposal on school safety. I am not sure what his proposal on school safety has to do with nursing homes. We came here to talk about nursing homes.

There are over 30,000 residents of nursing homes in this country who have been killed by the COVID virus. If Senator CASEY's numbers are accurate, that is another 20,000 of stats. It is one in four deaths from COVID-19 in the United States. Out of the 1.3 million Americans residing in nursing or intermediate care settings, 30,000-plus have passed away, and in some States, it is much worse.

Senator HASSAN is here from New Hampshire, and she will talk about her State. Senator CASEY is here from Pennsylvania.

In Rhode Island, 60 percent of our deaths have occurred in long-term care facilities. I know it is not just us but that it is going on around the country. One in five nursing homes nationwide has reported a COVID-related death, and as the disease explodes across parts of California, explodes across Florida, and explodes across Arizona, you know that this disease will have many more opportunities to attack many more Americans in many more nursing homes.

So our bill is a really sensible one: resources to nursing homes for staffing, for testing, for personal protective equipment, to support the expense of doing sensible things like cohorting—putting the COVID patients together to help contain the spread of the illness—and having surge teams available for the really dread situation in which the COVID sweeps through a facility with such ferocity that you can't get people to come and work there because they all have to be isolated and quarantined. You need special measures, special

equipment, specially trained people—folks beyond the ordinary employee base of the facility—to come in and deal with that explosion, with things like just best practices—identifying them, promulgating them—practices that will keep residents and staff safe.

I am very disappointed that our Nursing Home COVID-19 Protection and Prevention Act has been objected to by the Senate majority. If the majority's notion is that we are doing so well that we can ignore this, that all we need to do is take a very close look at the funding that has already gone out, and that this is another victory we can declare—mission accomplished; we are doing a wonderful job, Brownie; this is great—no, not with 30,000 fatalities and climbing.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I thank my colleague from Rhode Island and my other colleagues on the floor for their comments.

I rise to join Senator CASEY and our colleagues in calling for additional action to protect nursing home residents amid the COVID-19 pandemic.

I begin by thanking the Senator from Pennsylvania for his leadership on this issue. I note that the senior Senator from New Hampshire is here, and I know that she will be addressing this issue as well and has been fighting for action to protect people all across our State and across our country who reside and work in nursing homes.

Nowhere is this pandemic being felt more acutely in this country than in nursing homes. Across the United States, 43 percent of COVID-19 deaths have been linked to nursing homes, and in New Hampshire, roughly, 80 percent of our State's deaths from this virus have been in nursing homes and long-term care facilities. The grief of losing a loved one, compounded with the fact that families could not be at their sides, is unimaginable. I know that frontline staff are working as hard as they can to keep their patients and residents safe, but in talking with them, it is clear that these essential workers need more support.

In particular, frontline staff tell me they still do not have sufficient supplies of personal protective equipment. Months into this pandemic, there is still no robust Federal strategy to support the residents and employees of nursing homes. That is inexcusable.

With respect to the argument that I have heard some of my Republican colleagues make—that we have already passed the CARES Act and that it had money to go toward nursing homes—it doesn't address this issue. If the previous bill were sufficient, we wouldn't still be seeing this rate of death in our nursing homes. We need to address the pandemic based on the goals we set and the results we want, not just on how hard we think we have worked or how much money we think we have spent.

The bill that Senator CASEY has put forward today would make a signifi-

cant difference for nursing homes in New Hampshire and across the country. The Nursing Home COVID-19 Protection and Prevention Act, which I am proud to cosponsor, would help save lives and improve safety among residents and employees in nursing homes.

Specifically, this bill would provide \$20 billion in emergency funding for nursing homes, intermediate care facilities, and psychiatric hospitals to support costs related to staffing, testing, PPE, and other essential needs. It would also require the Department of Health and Human Services to collect and publish data and analysis on COVID-19 cases and deaths in these facilities, which would give us a clearer picture of the situation we are facing. In addition, I will continue working to ensure that we are doing all that we can to keep residents and employees of nursing homes safe.

Last week, I joined with Senators Casey, Warren, and Schumer in calling for answers from the Federal Emergency Management Agency, FEMA, about nursing home and long-term care facility access to personal protective equipment—what we commonly know now as PPE—following reports that FEMA was shipping insufficient and defective personal protective equipment to these facilities. These reports are deeply alarming. Equipment arriving with mold on it cannot continue.

As we continue to address this pandemic, the challenges facing nursing homes must be a top priority. Delaying vital assistance to these facilities will have dire consequences for people in New Hampshire and all across our country. I urge my Republican colleagues to support this legislation. I urge them to come to the table and work with the Democrats to strengthen the Federal response to this pandemic.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I am pleased to join my colleagues on the floor in support of legislation that would address what is happening in our long-term care facilities across this country as a result of the coronavirus.

I applaud Senator CASEY for his leadership on this legislation and am pleased to be able to join in cosponsoring the bill, along with my colleague from New Hampshire, Senator HASSAN; Senator WHITEHOUSE, who was here; and Senator BLUMENTHAL. We are all here because this country is not doing enough to support long-term care facilities and nursing homes in America.

Before I talk more about the legislation, I begin by expressing my outrage at the fact that this administration has directed the Department of Justice to weigh in to try and overturn the Affordable Care Act at a time when we have millions of Americans who are vulnerable during the coronavirus pandemic. As of today, 2.5 million Americans—nearly 6,000 patients in New

Hampshire—have been infected with the coronavirus.

Nationally, more than 125,000 Americans have died. In New Hampshire, nearly 400 Granite Staters have died from complications from the virus. Yet what this administration is doing is trying to strike down the Affordable Care Act and take away healthcare coverage from 23 million Americans, including over 90,000 residents of New Hampshire.

That means, if they are successful, that we will have millions of Americans with preexisting conditions who will lose protections that they rely on. We will return to the days when insurers can deny coverage to people with preexisting conditions or charge them higher premiums based on their health status. Insurers will, once again, be able to put caps on the dollar value of health services that can be covered in a year or a lifetime.

At a time when unemployment has risen to levels that we have not seen since the Great Depression, this administration is asking the Court to strike down the Affordable Care Act's Medicaid expansion provisions which, in New Hampshire, has been the most significant factor in ensuring that people who are struggling with substance use disorders are able to get treatment.

This Senate should not stand silently by while the administration tries to tear down the Affordable Care Act at a time when people are most in need of assurances that they can get healthcare coverage.

We need to come together to address what needs to change about the Affordable Care Act to make it better, but we need to do that together because if this administration is successful in striking down the Affordable Care Act, they don't have a plan of what is going to replace it.

During this global pandemic, it is not enough just to protect the Affordable Care Act from ongoing sabotage. We have also got to do more to support frontline healthcare providers, especially in nursing homes and long-term care facilities that are caring for vulnerable seniors, and that is what this legislation that we are speaking to is all about.

In the Granite State, we know just how dire the needs of nursing facilities have become, as nursing home residents account for approximately 80 percent of the coronavirus deaths in New Hampshire.

I want to just reemphasize what Senator HASSAN said. Eighty percent of the coronavirus deaths in New Hampshire—we have the highest rate in the Nation of deaths in long-term care facilities, and yet we have nursing facility staff in the State who tell me they are stretched thin due to increased costs from the coronavirus response. They have reduced revenue because they have had to postpone stays in long-term care facilities for patients who need physical rehabilitation.

It is critical that the Senate take action to provide more support to these

facilities so they can afford the additional staffing, the testing supplies, the personal protective equipment that will be needed to keep our seniors safe.

That is why I strongly support Senator CASEY's bill that will provide \$20 million in new aid to nursing facilities to help them confront this pandemic head-on.

This bill needs to be a central component of any future round of coronavirus response legislation here in the Senate. Our communities are demanding action to respond to the ongoing impact that the virus is having on the public health and on our economy.

As I said last week on the Senate floor, it is long past time for this body to join together and get serious about another coronavirus response bill.

The really impressive thing about what we have done to date in response to this pandemic is the fact that we have worked together to get four really significant packages of legislation done. Yet now it has been 6 weeks since the House passed its coronavirus response package, known as the Heroes Act. During that time, there has been no action here in the Senate to take up the Senate response to the coronavirus. That needs to end.

I mean, even today we heard the Governor of New Hampshire—the Republican Governor, Chris Sununu—announce that in New Hampshire our State expects to experience a budget shortfall of nearly \$540 million. That is about a 20-percent drop in State revenues. That is going to have a huge impact in New Hampshire, not just on healthcare but on so many investments that the State needs to make in our schools, in responses for first responders, in roads and water systems and critical infrastructure. Everyone in the State, from town administrators to the Republican Governor, all are describing the tough choices that they are going to have to make if Federal assistance doesn't arrive soon.

Of course, that extends to our nursing home facilities—to the many businesses and organizations in New Hampshire and across this country that need more help.

So I urge our colleagues to support Senator CASEY's legislation. Let's get assistance to those facilities that are so much in need and come together and demand that we get another coronavirus response package of legislation so that people know help is, once again, on the way.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am honored to follow my colleagues Senators Shaheen and Hassan from New Hampshire and Senator WHITEHOUSE of my neighboring State of Rhode Island—great advocates and steadfast champions of our elderly, our nursing home and assisted living facilities, and, most important, my wonderful friend and colleague, Senator CASEY of Pennsylvania, who has been such a

tremendous champion as the ranking member on the Aging Committee, where I am also privileged to serve.

I have been reading about the 1918, 1919 pandemic which killed Americans and people all around the world with such terror and such relentless cruelty, and it hit particularly hard young people in the prime of their life, in their twenties and early thirties, most especially members of the military who were bunched together and confined on bases or on troop ships on their way to the war. Almost as many American troops died of disease during World War I as they did of wounds they suffered in combat.

Today's pandemic is different. It has hit particularly hard our elderly, and they too have been struck with vicious cruelty because, in many instances, they are confined to facilities or living spaces where they are together, and the disease is transmitted so efficiently.

Today, we have less excuse than the public officials a century ago. They had no idea what this organism looked like, how it lived, what it did, or how it was transmitted. We know. We have pictures of it. They are on the news every night, and we know that transmission is accelerated and exacerbated when people live together in close confinement without the kind of staff and protective gear and treatment and therapeutics and preventive measures that, hopefully, we will develop through research that is ongoing right now.

They had no cure, and they had no prevention back then. We are working to develop it now, but we know, in the meantime, steps can be taken to protect our elderly, especially our elderly who live in nursing homes and assisted living facilities.

We have no excuse, none, for the death rates we have seen in those facilities. In fact, at the height of this pandemic in Connecticut, 70 percent—literally, 7 in 10—deaths were among people in nursing homes and other senior care facilities. That percentage was among the highest in the country. It wasn't the 80 percent of New Hampshire, but 70-plus percent was among the highest.

This death rate nationally is a national scandal and disgrace because we knew enough, and we certainly now know enough to prevent these kinds of deaths.

Now, the numbers of COVID cases and deaths have slowed down in Connecticut as a result of social distancing and mandatory mask wearing, but the pain is still felt in nursing homes. Just last week, another 20 nursing home residents died, and in that same week, 64 nursing home staff contracted COVID-19.

In fact, although we talk about the residents of nursing homes, the staff—the doctors, the nurses, the clinicians, the caregivers, the maintenance workers—were also among the most heavily impacted. Working in a nursing home is not a picnic. Working in a nursing

home is tough physically and emotionally, and it was made all the more so by this pandemic.

That is why I am supporting, avidly, the Heroes Fund, part of the Heroes Act, which would provide hazardous duty pay to those frontline workers who have been on the job reporting for duty despite the risk and the extraordinary emotional and physical toll it has taken on them and their families.

That hazardous duty pay is a reward. It is a recognition for what they have done in service to not only their patients and clients but also to society in Connecticut as a whole. They deserve it, and we need to provide it to retain them and to recruit others, the same as we do for police and fire and first responders—others who work in grocery stores, supermarkets, delivering, postal workers—the unsung heroes of this pandemic.

None has been more courageous and perhaps less appreciated in the way they deserve than those strong and courageous workers in nursing homes in Connecticut and elsewhere. I know, from having talked to them—many of them in Zoom calls, personally, in meetings, on the telephone—they grieved for those losses. They genuinely felt the pain and suffering that they saw. The losses the families suffered were their losses, too, and when their facilities endured a higher than expected rate of fatality, they grieved along with brothers and sisters, sons and daughters, friends, family, and others. They experienced the kind of physical isolation and sometimes emotional isolation that those patients endured when they were separated from their loved ones, cut off from human contact.

So we need to focus—we have an obligation to do so—on our nursing homes because of the fatalities and the other suffering that is endured there. We need to learn from some of the best practices that were finally put into place in Connecticut, such as expert strike teams that focused on testing, the larger numbers of personal protective equipment—masks, gowns, other kinds of equipment necessary to protect the staff as well as the residents—and sometimes cohorting, which has worked in some circumstances, so that the infected are separated from others.

I am proud to support Senator CASEY in fighting for the Nursing Home COVID-19 Protection and Prevention Act, which would provide \$20 billion in emergency funding specifically targeted toward protecting nursing home residents as well as individuals in intermediate-care facilities and others in psychiatric hospitals.

This legislation is not a luxury or convenience; it is a necessity. If you care about those extraordinarily vulnerable individuals who cannot care for themselves—that is why they are in these facilities—then we must pass this legislation. If we have any measure of self-respect as well as regard for those brave individuals who work there and

the loved individuals who live there, we must take this step.

I have also introduced legislation with Senator BOOKER—the Quality Care for Nursing Home Residents and Workers During COVID-19 Act—that would immediately address the egregious number of nursing home deaths happening in Connecticut and throughout the country by implementing much needed reforms. These reforms and practices are part of the work that must be done, especially for the families of the over 2,500 nursing home residents who lost their lives.

I am pleased that Connecticut has committed itself to a full probe of how COVID-19 impacted nursing homes, how it killed, but Connecticut should not need to go it alone. No State should need to go it alone. This kind of measure puts the full weight of the Federal Government in funding and best practices and reforms behind States like Connecticut that want to do better and feel we must do better. We all bear that responsibility. It is common to all of us. It is on us, and these two measures are a way to fulfill that responsibility.

We should not leave the Capitol for a 2-week recess while nursing home residents remain vulnerable. We should not abdicate our responsibility while those residents in the care of assisted living facilities remain susceptible, and they are continuing to be susceptible. We need greater preparedness in every way, most especially where we know the most vulnerable are right now, and that is our nursing homes and assisted living facilities.

As this administration continues to attack the Affordable Care Act in the Supreme Court of the United States and elsewhere in abhorrent defiance of the need for more healthcare, not less, in the midst of a pandemic, we can send a message to the country that we will stand strong for better healthcare. We will protect senior citizens in nursing homes.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, as we conclude the hour in the next 10 or 15 minutes, let me start my remarks by thanking my colleagues who joined us tonight. I thank Senator WHITEHOUSE, who has worked with us on this legislation from the very beginning, on introduction, and so many who are cosponsors on the legislation—Senator HASSAN from New Hampshire and Senator SHAHEEN, the senior Senator from New Hampshire. I thank her for being here and for her comments about this legislation. I also thank Senator BLUMENTHAL.

I wanted to start just for a few minutes before we conclude with this chart. This is a chart depicting a map of the United States that is dated June 27 from the New York Times. The summary reads: “In at least 24 states, a majority of deaths are linked to nursing homes.”

Of course, I mentioned at the outset the deaths, as of a few hours ago, of more than 54,000 people, when you add up the residents and the workers, comprising 40 percent of the deaths nationwide.

You can see when you break it down by State, my home State of Pennsylvania is at 68 percent—a majority of the deaths—linked to nursing homes. States just to the south, where there is Virginia at 61, Maryland at 61, Ohio at 57, but even further south, North Carolina is at 57. Then you go out into the middle of the country, and in North Dakota, 64 percent of the deaths were linked to nursing homes; Minnesota, 77 percent. There are not many that are below 30 percent—only a few. Those are the numbers, but of course the numbers don't tell the story.

We need a plan for this. This is not the America we should accept. This isn't America, where we just throw up our hands and say this virus is so terrible, so aggressive, and the COVID-19 disease is so destructive—the results from the virus—that we are going to accept another 54,000-plus deaths in the United States of America and not have an action plan.

There is no action plan right now. The Centers for Medicare and Medicaid Services and other parts of the Federal Government have only recently started to speak to this issue, but there is no plan. Unless we have legislation that the majority not too long ago in this hour just objected to—a big part of the solution is to invest in proven strategies, best practices like cohorting, where you separate COVID-19 residents in nursing homes from residents who do not have the disease—that works; we know that works because it has worked in real time in lots of places in the country—as well as the other investments we can make in surge capacity to add professional help in the form of more doctors, more nurses, and more certified nursing assistants when a nursing home is being overrun.

No one here is saying that the Federal Government is the only entity responsible for this. Nursing homes have to do more, and governments at all levels have to do more. But the Federal Government is the payer and the level of government that comes up with rules and regulations and law that governs what happens in a long-term care setting.

So this bill, S. 3768, which has now been objected to by the majority—and I am still waiting all these weeks and months now for the majority to come up with their nursing home strategy to get the death and case numbers down. We are still waiting for that.

This bill, S. 3768, would provide \$20 billion in emergency funding. When you consider all that has been invested in so many other priorities, the least we can do is to invest in proven strategies for our nursing homes. It would provide support for personal protective equipment for nursing home workers who are doing that heroic work every

day. Some of the funding would go for testing, as I mentioned, cohorting, surge teams, and so much else.

The bill is supported by the AARP, the Alzheimer's Association, and 25 other organizations representing seniors, people with disabilities, nursing homes, and other providers.

This is what we need to pass now to have a strategy in place because we cannot wait for the administration because they seem to have no sense of urgency with regard to this problem. This is an American problem that was created here in response to a virus. No one would argue that the American people cannot come up with a strategy to get the death numbers and case numbers down.

Who are we talking about here? We are talking about two groups of Americans, right? The residents and the workers. The residents—we are talking about those residents in nursing homes. These are Americans who fought our wars. These are Americans who worked in our factories and Americans who raised families year after year, decade after decade. These are Americans who built the great American middle class. These are the Americans who built this country, and they gave each of us life and love and a strong foundation personally but also in terms of the strength of our country. The least we can do—the very least this Senate can do is to make sure we at least have a strategy.

Are we just going to throw up our hands and just say there is nothing the most powerful institutions in the world can do to reduce the number of nursing home deaths? As I said before, we don't want to be standing here 3 months from now, 6 months from now, talking about another 54,000 or 55,000 nursing home deaths. Is that really America?

We are still waiting for the administration. We are told that by one estimate, 12 to 18 nursing home residents have died per hour, every hour over the last several months—12 to 18 nursing home residents dying every hour. So we can't and should never allow another hour to pass without action.

The majority has allocated a lot of time for nominations the last 2 months or more, a lot of time for other issues, but not time for COVID-19 strategies to reduce long-term care deaths in nursing homes. So the time now is not for debating nominations for agencies; the time is long overdue for us to take action to deal with this American tragedy of deaths of residents in nursing homes and deaths of workers.

While we are talking about those workers, they do heroic work every day. They go in to do this work, expose themselves to the virus, expose their families to the virus, and they do back-breaking work, often for pay that isn't commensurate with the nature and sacrifice and the dignity of their work. So they are heroic.

If there were ever a group of front-of-the-frontline workers—these are not just frontline workers; they are at the

very front of the line. We should make sure they have protections in the nursing homes to do their work but also pandemic premium pay, as we call it, and so much else.

I ask a parliamentary inquiry: How much time is remaining?

The PRESIDING OFFICER. There is no order on time.

Mr. CASEY. Mr. President, I have just a few more minutes, and I will be done.

I won't go through the details of this report, but I want to note for the Senate two things. No. 1, we will be introducing—I will, and Senator PETERS, the ranking member of the Homeland Security and Governmental Affairs Committee, and Senator WYDEN, the ranking member of the Finance Committee—the three of us and our offices will be releasing a report about nursing homes. The report is entitled “COVID-19 and Nursing Homes: How the Trump Administration Failed Residents and Workers.” This is a chronicle of deadly delay and a chronicle of a lack of real urgency on behalf of the administration.

I hope the administration is reaching that point of urgency and is going to deliver to the American people a plan to get the death numbers down, to get the case numbers down in nursing homes. We haven't seen that sense of urgency. This report includes nine findings and nine recommendations, so no one can ever accuse us of just cursing the darkness of this tragedy without bringing the light of solutions to this issue.

There is more that I could say, but just for the record, as I conclude, I ask unanimous consent that the written comments that my office received from two constituents with concern about their loved ones in nursing homes be entered into the RECORD.

Just for the record, I will read the names of the family members: Thomas and Barbara Taylor of Coatsville, PA.

The Presiding Officer is a native of Redding and knows what I am talking about when I mention these names.

Joette Peters of Manheim, PA, is also a part of this, as well as Amy Lowenthal, who had a relative. Her dad, David, was a geriatrician in Philadelphia. Her comments are about that.

I ask unanimous consent that these written comments from constituents be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

THOMAS AND BARBARA TAYLOR—COATESVILLE, PENNSYLVANIA

I'd like to share information from Thomas and Barbara Taylor, a couple from Coatsville, Pennsylvania.

My office first heard from Mr. Taylor in early April.

Mr. Taylor is a hospice nurse who now serves as the Chief Operating Officer of a company.

He understands the challenges of caring for a vulnerable population.

And, he knows how important it is to treat people at the end of their life with dignity.

Mr. Taylor reached out to my office after he learned that his sister-in-law, Juanita, age 72, passed away from COVID in her nursing home in Lancaster County.

His mother is also a resident of this facility and recovered from COVID at age 85.

When Thomas and Barbara spoke to my team, they were dismayed that more is not being done at the federal level to ensure transparency with residents and their family.

Mrs. Taylor followed up with my office in writing.

She explained that her sister, Juanita, began showing signs of COVID at the end of March.

Juanita had a cough, a slight fever, did not have an appetite and required oxygen to help with breathing.

At this time, it became painfully clear that the Trump Administration had failed to stockpile the supplies needed to test Americans.

And, still, the President refused to use the Defense Production Act to procure the supplies necessary.

Even after multiple requests that her sister be tested, in Barbara's words “begging” doctors, Barbara was told that her sister did “not have the symptoms” or “meet the criteria” required to be tested.

For the next few days, Barbara and Thomas were kept in the dark.

Then, any family's worst nightmare occurred.

Barbara called the nursing home and spoke to a nurse on the floor.

When Barbara asked about her sister, the nurse said, “Your sister is not here.”

Barbara pressed for more information.

The nurse told Barbara, “Juanita died about an hour ago. Didn't anybody call you?”

This was the first Barbara had heard this news. The Taylors were “horrified by the unexpected news.”

The lack of transparency and human decency is inexcusable and immoral.

Nursing homes must do better. Residents, families and workers deserve better.

As the report that we will be releasing tomorrow states, the Trump Administration provided no leadership.

Nursing homes did not have the supplies necessary to protect residents and workers.

There was a testing shortage across the country. And there continues to be no testing strategy.

Many facilities experienced staffing shortages, which may be the reason why no one bothered to call the Taylors.

We must do more to protect Mr. Taylor's mother who is still at that same nursing home, but also all other nursing home residents across the country.

We need more funding for surge teams to deal with COVID right now, and more funding to implement best practices, like cohorting, separating residents who have COVID from those who do not.

We cannot stop working. We cannot stop legislating. We cannot stop appropriating dollars to help our seniors and people with disabilities.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

As Barbara wrote, “My sister Juanita had dementia and could not speak for herself. I was her voice and eyes. I couldn't see her at the time. Please allow me to speak for her and others who have no voice.

We have a sacred responsibility to heed this call to action from the Taylors and so many others.

JOETTE PETERS—MANHEIM, PENNSYLVANIA

My team also spoke with Mrs. Joette Peters from Manheim, Pennsylvania.

Mrs. Peters' parents, Harold and Helen, have been married for 67 years.

For the past 11 years, Harold and Helen have been residents of a nearby retirement community.

As they grew older, they required differing levels of care. They decided to reside in rooms across the hall from each other.

However, like the greatest love affairs, even that separation could not keep them apart.

According to Mrs. Peters, before COVID, "[t]hey spent the majority of their waking hours together."

Their love knew no bounds.

Now, COVID is keeping them apart from each other, their daughter and their extended family.

Mrs. Peters explained that in the middle of lunch, her parents were told the facility would be going into "lock down" and Helen would need to leave immediately.

Since then, Helen and Harold have only been able to see each other and their daughter through a sliding glass door.

They have tried to visit with each other virtually, but that has its own challenges.

We know from experts that social isolation for seniors can have the same health impact as smoking 15 cigarettes a day.

This very topic was the focus of a recent hearing in the Aging Committee.

Nursing homes and other long-term care facilities need resources in order to safely reopen.

They need dollars for PPE. They need dollars for testing. And they need dollars for their workforce.

My bill would provide nursing homes with those resources.

It would give Harold and Helen the chance to be together. And, it would give their daughter and family peace of mind.

AMY LOWENTHAL—LATE FATHER: DAVID LOWENTHAL, GERIATRICIAN IN PHILADELPHIA

My office also heard from Amy Lowenthal. Amy's father, Dr. David Lowenthal, was a nephrologist and professor who was trained as a doctor at Temple University and practiced medicine in Philadelphia.

Amy was told that he was the first resident in his nursing home to test positive for COVID-19.

In explaining the care and treatment that her father received after the diagnosis, she told my office about the incredible kindness of the nursing home's workers.

Call after call, looking in on her father, Amy and her sisters said that nurses and doctors "took the time to talk to her and answer her questions."

"The COVID ward staff were patient, empathic, and acted like my father was the only patient on the ward."

In the last hours of his life, Amy heard from a hospice nurse asking if she would like to FaceTime with her father one last time.

She "thanked the nurse profusely for reaching out." And when they connected, the nurse was holding her father's hand and playing classical music for him.

According to Amy, the nurse said, "This breaks my heart. If it were my dad, I would hope someone would do the same for me."

As Amy described, she never knew the name of the nurse. She never saw her face through the PPE, but Amy said that she will remember that nurse for the rest of her life. "She gave me the gift of one more moment with my Dad. And, it would be my last."

Amy concluded her correspondence with this "I often wonder what my Dad, a lifelong physician and teacher, would have thought of this last chapter of his life. But I do know for sure that he would have been so grateful to those frontline workers who provided warmth and comfort to his family during his last days."

We are all eternally grateful to the frontline workers who are caring for our loved ones.

They deserve more than our praise.

They deserve protection. They deserve testing. They deserve premium pay.

The bill that I am hoping the Senate will pass will provide resources for all of that.

Mr. CASEY. Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Maryland.

EXTENDING THE AUTHORITY FOR COMMITMENTS FOR THE PAYCHECK PROTECTION PROGRAM

Mr. CARDIN. Mr. President, shortly, I am going to make a UC request. I am not going to do it now because we are still working out some of the specific details, and Senator SCOTT will be on the floor when I do that, but let me just explain while I am on the floor.

My colleague Senator SHAHEEN, a key member of the Small Business Committee and one of the negotiators on the small business package, is on the floor, and we are joined by Senator SCHUMER, who has been a real champion in making sure we get help to America's small businesses. I want to acknowledge the work of Senator COONS, who I expect will be on the floor a little later. One of our key cosponsors in the next round of aid is Senator ROSEN.

I want to acknowledge the cosponsors of the unanimous consent request legislation, including myself and Senator SCHUMER, Senator SHAHEEN, Senator COONS, Senator ROSEN, and Senator COLLINS.

I also want to acknowledge that this is bipartisan. I talked to Senator RUBIO, and he has informed me that this has cleared the hotline, so we are hopeful that we will get this UC done today.

As we are waiting for the paperwork to get to us, let me just explain what the UC does before I make the UC request.

The authority of the Small Business Administration to approve any more Paycheck Protection Program loans expires at midnight tonight. With the deadline we established when we passed the CARES Act in March—that was a reasonable assumption in March. We thought that by the end of June, our economy would be back on track and we would not need to have additional applications after that date.

Well, a lot has changed since March of this year, and we recognized that when we passed the bipartisan Flexibility Act. It changed the time period for use of PPP funds from 8 weeks to up to 24 weeks and changed the allocation that Treasury had established of using 75 percent of the funds for payroll to 60 percent of the funds for payroll. We recognize that times have changed.

The PPP program is extremely popular. As of 5 o'clock tonight, \$520.6 billion of forgivable loans have been issued under the PPP program to

4,856,647 small businesses. Quite frankly, these are small businesses that very well may not have been here today but for the PPP program. We kept them alive, and we have saved jobs. The Labor Department's May estimate of 2.5 million jobs added—a large number as a result of the PPP funds.

Small businesses need additional help. They need additional help. Times have changed. We know, for example, that in the State of Texas and Florida, we are seeing a record number of infections just now. The need is still there. We have mandatory closures of bars in those States. We certainly didn't anticipate that when we passed the legislation last March. Small businesses need additional help. We don't want to close the door on the PPP program.

The good news is that we have \$130 billion remaining in the coffers for the PPP program. So the resources are there, the need is there, and we just need to change the date. So the UC I am going to be making in a few moments would change the deadline for filing for a PPP loan from June 30 to August 8. We picked August 8 because that is the end of the next work period. We certainly hope that by then, we are going to have the next stimulus package signed by the President of the United States.

I must tell you, we need to do more than just extend this date; we need round two of help for small businesses. I am very pleased that I have had the help of Senator SHAHEEN and Senator COONS. We filed legislation that targets the next round. The first round was to get money out quicker to save small businesses. The second round needs to be targeted to those small businesses that really need the help. That is why our legislation targets it to small businesses under 100 workers and those that have economic needs that can be demonstrated and helping particularly the underserved, underbanked community.

I was very pleased that this type of a second round was acknowledged by Secretary Mnuchin at an oversight hearing before the Small Business and Entrepreneurship Committee. There have been good-faith negotiations with Senator RUBIO. We worked on this bipartisan issue. I think we can get it done today.

I am disappointed, though, that we are going to go into the recess scheduled for the end of this week. We are not coming back until July 20, and small businesses are going to run out of money during that period of time. The small businesses that have used up their PPP money and need additional help are not going to get our attention until we come back July 20. That is wrong.

We should have taken up this bill by now. The House passed the Heroes Act months ago. We should have been taking this up now. As I said, small businesses have exhausted a lot of their PPP funds, and we need to act.

Tonight, we will have the opportunity to extend the June 30 deadline