

the death of individuals who are recipients of such benefits.

“(2) ANNUAL REPORT.—Not later than 1 year after the date of enactment of this section, and for each of the 4 succeeding years, the Secretary of the Treasury shall submit to Congress a report regarding the implementation of this section. The first report submitted under this paragraph shall include the recommendations of the Secretary required under subsection (a)(2).

“(c) DEFINITIONS.—In this section, the terms Indian tribe and tribal organization have the meanings given those terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).”

SEC. 4. PLAN FOR ENSURING THE ACCURACY AND COMPLETENESS OF DEATH DATA MAINTAINED AND DISTRIBUTED BY THE SOCIAL SECURITY ADMINISTRATION.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Commissioner of Social Security shall submit to Congress a plan, which shall include an estimate of the cost of implementing the policies and procedures described in such plan, to improve the accuracy and completeness of the death data (including, where feasible and cost-effective, data regarding individuals who are not eligible for or receiving benefits under titles II or XVI of the Social Security Act) maintained and distributed by the Social Security Administration.

(b) CONTENT OF PLAN.—In developing the plan required under subsection (a), the Commissioner of Social Security shall consider whether to include the following elements:

(1) Procedures for—

(A) identifying individuals who are extremely elderly, as determined by the Commissioner, but for whom no record of death exists in the records of the Social Security Administration;

(B) verifying the information contained in the records of the Social Security Administration with respect to individuals described in subparagraph (A) and correcting any inaccuracies; and

(C) where appropriate, disclosing corrections made to the records of the Social Security Administration.

(2) Improved policies and procedures for identifying and correcting erroneous death records, including policies and procedures for—

(A) identifying individuals listed as dead who are actually alive;

(B) identifying individuals listed as alive who are actually dead; and

(C) allowing individuals or survivors of deceased individuals to notify the Social Security Administration of potential errors.

(3) Improved policies and procedures to identify and correct discrepancies in the records of the Social Security Administration, including social security number records.

(4) A process for employing statistical analysis of the death data maintained and distributed by the Social Security Administration to determine an estimate of the number of erroneous records.

(5) Recommendations for legislation, as necessary.

SEC. 5. REPORT ON INFORMATION SECURITY.

Not later than 90 days after the date of the enactment of this Act, the Commissioner of Social Security shall submit a report to the Committees on Ways and Means, Oversight and Reform, and Homeland Security of the House of Representatives, and the Committees on Finance and Homeland Security and Governmental Affairs of the Senate that—

(1) identifies all information systems of the Social Security Administration containing sensitive information; and

(2) describes the measures the Commissioner is taking to secure and protect such information systems.

SEC. 6. LIMITED ACCESS TO DEATH INFORMATION MAINTAINED BY THE SOCIAL SECURITY ADMINISTRATION FOR RECOVERY OF ERRONEOUS REBATE PAYMENTS.

(a) IN GENERAL.—Section 205(r) of the Social Security Act (42 U.S.C. 405(r)), as amended by section 2, is further amended by adding at the end the following new paragraph:

“(10)(A) Notwithstanding any provision or requirement under paragraph (3), not later than 30 days after the date of enactment of this paragraph, the Commissioner of Social Security shall provide the Secretary with access to any records or information maintained by the Commissioner of Social Security pursuant to paragraph (1), provided that—

“(i) such records and information are used by the Secretary solely for purposes of carrying out subsection (h) of section 6428 of the Internal Revenue Code of 1986; and

“(ii) the Secretary agrees to establish safeguards to assure the maintenance of the confidentiality of any records or information disclosed.

“(B) In this paragraph, the term ‘Secretary’ means the Secretary of the Treasury or the Secretary’s delegate.”

(b) RECOVERY OF REBATE PAYMENTS TO DECEASED INDIVIDUALS.—Section 6428 of the Internal Revenue Code of 1986 is amended—

(1) by redesignating subsection (h) as subsection (i), and

(2) by inserting after subsection (g) the following new subsection:

“(h) RECOVERY OF REBATE PAYMENTS TO DECEASED INDIVIDUALS.—In the case of any individual who is shown on the records or information disclosed to the Secretary under section 205(r)(10) of the Social Security Act as being deceased before January 1, 2020, if the Secretary has distributed a payment to such individual pursuant to subsection (f), the Secretary shall, to the extent practicable, carry out any measures as are deemed appropriate to suspend, cancel, and recover such payment.”

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of enactment of this Act.

By Mr. CARDIN (for himself, Mr. SCHUMER, Mrs. SHAHEEN, Mr. COONS, Ms. ROSEN, and Ms. COLLINS):

S. 4116. A bill to extend the authority for commitments for the paycheck protection program and separate amounts authorized for other loans under section 7(a) of the Small Business Act, and for other purposes; considered and passed.

S. 4116

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENDING AUTHORITY FOR COMMITMENTS FOR THE PAYCHECK PROTECTION PROGRAM AND SEPARATE AMOUNTS AUTHORIZED FOR OTHER 7(A) LOANS.

Section 1102(b) of title I of division A of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136) is amended to read as follows:

“(b) COMMITMENTS FOR PPP AND OTHER 7(A) LOANS.—

“(1) PPP LOANS.—During the period beginning on February 15, 2020 and ending on August 8, 2020, the amount authorized for commitments under paragraph (36) of section 7(a) of the Small Business Act (15 U.S.C. 636(a)) shall be \$659,000,000,000.

“(2) OTHER 7(A) LOANS.—During fiscal year 2020, the amount authorized for commitments for section 7(a) of the Small Business Act (15 U.S.C. 636(a)) under the heading ‘BUSINESS LOANS PROGRAM ACCOUNT’ under the heading ‘SMALL BUSINESS ADMINISTRATION’ under title V of the Consolidated Appropriations Act, 2020 (Public Law 116-93; 133 Stat. 2475) shall apply with respect to any commitments under such section 7(a) other than under paragraph (36) of such section 7(a).”

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 638—EXPRESSING THE SENSE OF THE SENATE THAT THE DEPARTMENT OF JUSTICE SHOULD DEFEND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PUBLIC LAW 111-148 STAT. 119) AND HALT ITS EFFORTS TO REPEAL, SABOTAGE, OR UNDERMINE HEALTH CARE PROTECTIONS FOR MILLIONS OF PEOPLE IN THE UNITED STATES IN THE MIDST OF THE PUBLIC HEALTH EMERGENCY RELATING TO THE CORONAVIRUS DISEASE 2019 (COVID-19)

Mr. TESTER (for himself, Mr. SCHUMER, Mrs. SHAHEEN, Mr. MANCHIN, Mr. KAINE, Mr. WARNER, Mr. JONES, Ms. SMITH, Ms. HIRONO, Mr. REED, Mr. VAN HOLLEN, Ms. CORTEZ MASTO, Ms. BALDWIN, Mr. BROWN, Mr. BENNET, Mr. CARPER, Mr. BLUMENTHAL, Mr. MARKEY, Mr. DURBIN, Ms. HARRIS, Mr. CARDIN, Mrs. MURRAY, Ms. ROSEN, Ms. STABENOW, Mr. MURPHY, Mr. WYDEN, Ms. HASSAN, Mr. PETERS, Ms. KLOBUCHAR, Mr. HEINRICH, Ms. WARREN, Ms. SINEMA, Mr. KING, Mr. UDALL, Mr. WHITEHOUSE, Mr. MENENDEZ, Mrs. FEINSTEIN, Mr. SCHATZ, Mr. COONS, Mr. LEAHY, Mr. SANDERS, Mr. BOOKER, Mrs. GILLIBRAND, Mr. MERKLEY, Ms. CANTWELL, Mr. CASEY, and Ms. DUCKWORTH) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 638

Whereas more than 2,500,000 people in the United States have tested positive for the Coronavirus Disease 2019 (referred to in this preamble as “COVID-19”), with many requiring costly health care;

Whereas, prior to 2010, a diagnosis of COVID-19 likely would have been considered a pre-existing medical condition;

Whereas, in 2010, Congress passed and President Barack Obama signed the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 119) (referred to in this preamble as the “ACA”);

Whereas, prior to the enactment of the ACA, more than 133,000,000 nonelderly people in the United States with a pre-existing medical condition were consistently charged unaffordable premiums for health insurance coverage, were subject to exorbitant out-of-pocket costs for care, faced annual and lifetime limits on coverage, or were denied health care coverage altogether;

Whereas, prior to the enactment of the ACA, millions of seniors with Medicare coverage encountered steep out-of-pocket prescription drug costs once those seniors hit a threshold known as the Medicare “donut

hole”, and since the donut hole began closing in 2010, millions of Medicare beneficiaries have saved billions of dollars on prescription drug costs;

Whereas, on February 26, 2018, 18 State attorneys general and 2 Governors filed a lawsuit in the United States District Court for the Northern District of Texas, Texas v. United States, No. 4:18-cv-00167-O (N.D. Tex.) (referred to in this preamble as “Texas v. United States”), arguing that the requirement of the ACA to maintain minimum essential coverage is unconstitutional;

Whereas the State and individual plaintiffs in Texas v. United States also seek to strike down the entire ACA as not severable from the requirement to maintain minimum essential coverage;

Whereas, despite the well-established duty of the Department of Justice to defend Federal statutes where reasonable arguments can be made in their defense, Attorney General Jefferson Sessions announced in a letter to Congress on June 7, 2018, that the Department of Justice would not defend the constitutionality of the minimum essential coverage provision;

Whereas, in the June 7, 2018, letter to Congress, then Attorney General Jefferson Sessions announced that the Department of Justice would instead argue that provisions protecting individuals with pre-existing medical conditions (specifically the provisions commonly known as “community rating” and “guaranteed issue”) are not severable from the minimum essential coverage provision and ought to be invalidated;

Whereas the United States District Court for the Northern District of Texas issued an order on December 14, 2018, that struck down the ACA in its entirety, including protections for individuals with pre-existing conditions, based on the ruling of that court that the requirement to maintain minimum essential coverage was unconstitutional;

Whereas, on March 25, 2019, the Department of Justice, in a letter to the United States Court of Appeals for the Fifth Circuit, changed its position and announced that the central holding of the United States District Court for the Northern District of Texas should be upheld and the entire ACA should be declared inseverable from the minimum essential coverage provision and struck down;

Whereas, on December 18, 2019, the United States Court of Appeals for the Fifth Circuit in Texas v. United States, 945 F.3d 355 (5th Cir. 2019), upheld the decision of the United States District Court for the Northern District of Texas striking down the minimum essential coverage provision, but vacated the decision on severability and remanded the case to the United States District Court for the Northern District of Texas;

Whereas the Supreme Court of the United States granted, on Monday, March 2, 2020, a petition for a writ of certiorari filed by 21 State attorneys general and will review, in California v. Texas, No. 19-804 (U.S.) and Texas v. California, No. 19-19109 (U.S.), the decisions of the United States Court of Appeals for the Fifth Circuit in Texas v. United States, 945 F.3d 355 (5th Cir. 2019);

Whereas, if the ruling of the United States District Court for the Northern District of Texas in Texas v. United States is upheld by the Supreme Court of the United States, seniors enrolled in Medicare would face the reopening of the Medicare donut hole and be subject to billions of dollars in new prescription drug costs;

Whereas, as of June 2020, 37 States and the District of Columbia have expanded or voted to expand Medicaid to individuals with incomes below 138 percent of the Federal poverty level, providing health coverage to more than 12,000,000 newly eligible people;

Whereas, if the ruling of the United States District Court for the Northern District of Texas in Texas v. United States is upheld by the Supreme Court of the United States, the millions of individuals and families who receive coverage from Medicaid could lose access to health care coverage altogether;

Whereas, as of April 2020, more than 7,200,000 consumers who purchase individual health insurance are eligible for tax credits to subsidize the cost of premiums and assistance to minimize out-of-pocket health care costs such as copays and deductibles, which has made individual health insurance coverage affordable for millions of people in the United States for the first time;

Whereas, if the ruling of the United States District Court for the Northern District of Texas in Texas v. United States is upheld by the Supreme Court of the United States—

(1) the individual health insurance marketplaces established under the ACA would be eliminated;

(2) the millions of people in the United States who buy health insurance on those marketplaces could lose coverage; and

(3) the premium expenses for individual health insurance would increase exorbitantly;

Whereas, if the ruling of the United States District Court for the Northern District of Texas in Texas v. United States is upheld by the Supreme Court of the United States, the permanent reauthorization of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.) would also be repealed and millions of American Indians and Alaska Natives would have less access to health services, less options for care, and worsened health disparities;

Whereas, if the ruling of the United States District Court for the Northern District of Texas in Texas v. United States is upheld by the Supreme Court of the United States, the nearly 500,000 veterans who have gained health insurance coverage, including the nearly 1 in 10 veterans that have gained coverage through Medicaid expansion, would lose access to care;

Whereas, if the ruling of the United States District Court for the Northern District of Texas in Texas v. United States is upheld by the Supreme Court of the United States, people in the United States would lose numerous consumer protections, including the requirements that—

(1) plans offer preventive care without cost-sharing;

(2) young adults can remain on their parents’ insurance plan until age 26;

(3) many health insurance plans offer a comprehensive set of essential health benefits such as maternity care, addiction treatment, and prescription drug coverage;

(4) individuals cannot be denied coverage due to, and coverage cannot be medically underwritten to reflect, gender; and

(5) individuals cannot be denied coverage due to, and coverage cannot be medically underwritten to reflect, a pre-existing medical condition;

Whereas, on March 11, 2020, the World Health Organization declared the outbreak of COVID-19 a pandemic;

Whereas, as of June 30, 2020, more than 2,545,000 people in the United States have been diagnosed with COVID-19;

Whereas, during the ongoing COVID-19 pandemic, millions of people in the United States have relied on the ACA for coverage, health care access, and diagnoses;

Whereas, as of June 25, 2020, more than 30,000,000 people in the United States have filed for unemployment benefits;

Whereas a ruling by the Supreme Court of the United States that the ACA must be struck down would cost the United States an

estimated 3,000,000 jobs at a time when national unemployment as a result of the global pandemic exceeds 13 percent;

Whereas, in the midst of a global pandemic, the Department of Justice is continuing to pursue a strategy to have the ruling of the United States District Court for the Northern District of Texas in Texas v. United States upheld by the Supreme Court of the United States, which would result in health care coverage being torn away from millions of people in the United States;

Whereas people in the United States who are facing the economic and physical risks of a global pandemic cannot also face an ongoing threat that a ruling by the Supreme Court of the United States could invalidate their health care coverage; and

Whereas dismantling the health care system in the United States in the midst of a global pandemic, when millions of people in the United States have lost work and the ACA provides an alternative to employer-based health insurance, would trigger chaos: Now, therefore, be it

Resolved, That it is the sense of the Senate that the Department of Justice should—

(1) defend the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 119) rather than doubling down on its position with respect to the decision of the United States District Court for the Northern District of Texas in Texas v. United States, No. 4:18-cv-00167-O (N.D. Tex.); and

(2) protect the millions of people in the United States who newly gained health insurance coverage since 2014 and rely on that coverage in the midst of the public health emergency relating to the Coronavirus Disease 2019 (COVID-19).

SENATE RESOLUTION 639—RECOGNIZING JUNE 2020 AS “IMMIGRANT HERITAGE MONTH”, A CELEBRATION OF THE ACCOMPLISHMENTS AND CONTRIBUTIONS IMMIGRANTS AND THEIR CHILDREN HAVE MADE IN MAKING THE UNITED STATES A HEALTHIER, SAFER, MORE DIVERSE, AND PROSPEROUS COUNTRY, AND ACKNOWLEDGING THE IMPORTANCE OF IMMIGRANTS TO THE FUTURE SUCCESSES OF THE UNITED STATES

Mr. MENENDEZ (for himself, Mr. BOOKER, Ms. CORTEZ MASTO, Ms. DUCKWORTH, Ms. HIRONO, Mr. MARKEY, Ms. WARREN, Ms. HARRIS, and Mr. CARDIN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 639

Whereas the United States is stronger when all individuals have the opportunity to live up to their full potential;

Whereas, in the United States, more than 16 percent of health care workers are immigrants, and foreign-born individuals comprise—

- (1) 29.1 percent of physicians;
- (2) 23.7 percent of dentists;
- (3) 23.1 percent of nursing, psychiatric, and home health aides;
- (4) 20.3 percent of pharmacists;
- (5) 17.4 percent of dietitians and nutritionists;
- (6) 17.3 percent of medical assistants;
- (7) 16.5 percent of dental assistants;
- (8) 16.2 percent of optometrists;
- (9) 16 percent of registered nurses; and
- (10) 15 percent of licensed practical and licensed vocational nurses;