

the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2435

At the request of Mr. VAN HOLLEN, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of amendment No. 2435 intended to be proposed to S. 4049, an original bill to authorize appropriations for fiscal year 2021 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2437

At the request of Ms. KLOBUCHAR, the names of the Senator from Illinois (Ms. DUCKWORTH) and the Senator from Alaska (Mr. SULLIVAN) were added as cosponsors of amendment No. 2437 intended to be proposed to S. 4049, an original bill to authorize appropriations for fiscal year 2021 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2441

At the request of Mrs. GILLIBRAND, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of amendment No. 2441 intended to be proposed to S. 4049, an original bill to authorize appropriations for fiscal year 2021 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2451

At the request of Mr. MARKEY, the names of the Senator from California (Mrs. FEINSTEIN) and the Senator from California (Ms. HARRIS) were added as cosponsors of amendment No. 2451 intended to be proposed to S. 4049, an original bill to authorize appropriations for fiscal year 2021 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2457

At the request of Mr. MERKLEY, the names of the Senator from Delaware (Mr. COONS), the Senator from New York (Mrs. GILLIBRAND), the Senator from Rhode Island (Mr. REED) and the Senator from Delaware (Mr. CARPER) were added as cosponsors of amendment No. 2457 intended to be proposed to S. 4049, an original bill to authorize appropriations for fiscal year 2021 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

## STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTION

By Mr. KAINE (for himself and Ms. MURKOWSKI):

S. 4269. A bill to amend the Public Health Service Act to improve maternal health and promote safe motherhood; to the Committee on Health, Education, Labor, and Pensions.

Mr. KAINE. Mr. President. There are significant racial and ethnic inequities in maternal and infant mortality rates in the U.S. According to the CDC, the maternal mortality rate for non-Hispanic Black women in 2018 is more than 2.5 times higher than the maternal mortality rate of non-Hispanic white women, and the infant mortality rate of non-Hispanic Black women is more than 2.3 times higher than the infant mortality rate of non-Hispanic white women. Any pregnant woman choosing to have a child should be able to do so safely without regard to income, race, ethnicity, employment status, or any other socio-economic factor.

This is why Senator MURKOWSKI and I are introducing the Mothers and Newborns Success Act, which aims to reduce maternal and infant mortality, ensure that all infants can grow up healthy and safe, and protect women's health before, during, and after pregnancy. Our legislation supports innovation in maternal health delivery and improves data collection on maternal mortality and maternal deaths. The bill will help ensure that women are matched with birthing facilities that are risk-appropriate for their particular needs to improve maternal and neonatal care and outcomes. The legislation strengthens support for women during the critical postpartum period, the year after birth, and will help ensure pregnant women get the vaccinations they need and are aware of maternal health warning signs. The bill promotes maternal health research and the use of telehealth to help high-risk expectant mothers in geographically isolated areas. The Mothers and Newborns Success Act is a significant step toward reducing racial, ethnic, and geographic inequities in maternal and infant health. I am glad that my colleague Rep. Terri Sewell will be introducing companion legislation in the House of Representatives.

Given COVID-19's disproportionate impact on communities of color and recent research from the CDC which finds that pregnant women with COVID-19 are more likely to be hospitalized and admitted to the ICU, this legislation is especially timely.

No woman should fear for her or her child's health because of her race. We need to ensure more women of color and their children, particularly Black women and children, receive equitable care. COVID-19 and its impact on pregnant women has only underscored the need for urgent action. By advancing evidence-based policies to improve maternal and infant health outcomes, this bill will work to reduce and eliminate

preventable maternal and infant mortality in the United States. I'm calling on my Senate colleagues to support this bill and include it in the next coronavirus relief package so we can enact positive systemic changes to make sure more women and newborns thrive and have the maximum chance for success.

By Mr. THUNE (for himself and Mr. ENZI):

S. 4275. A bill to require recipients of Pandemic Unemployment Assistance to provide employment documentation, and for other purposes; to the Committee on Finance.

Mr. THUNE. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 4275

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

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Pandemic Unemployment Assistance Integrity Act".

### SEC. 2. PANDEMIC UNEMPLOYMENT ASSISTANCE.

(a) IN GENERAL.—Section 2102(a) of the Relief for Workers Affected by Coronavirus Act (contained in subtitle A of title II of division A of the CARES Act (Public Law 116-136)) is amended—

- (1) in paragraph (3)—
- (A) in subparagraph (A)—
- (i) in clause (i), by striking "and" at the end; and
- (ii) by inserting after clause (ii) the following:

"(iii) provides documentation substantiating employment or self-employment or the planned commencement of employment or self-employment not later than 21 days after the date on which the individual submits an application for assistance under this section or is directed by the State Agency to submit such documentation or has shown good cause under the applicable State law for failing to submit such documentation by the deadline, in accordance with section 625.6(e) of title 20, Code of Federal Regulations, or any successor thereto, except that such documentation shall not be required if the individual previously submitted such information to the State agency for the purpose of obtaining regular or other unemployment compensation; and"; and

(B) in subparagraph (B)—

- (i) in clause (i), by striking "or" at the end;

- (ii) in clause (ii), by striking the period at the end and inserting "or"; and

- (iii) by adding at the end the following:

"(iii) in accordance with section 625.6(e)(2) of title 20, Code of Federal Regulations, or any successor thereto, an individual who does not provide documentation substantiating employment or self-employment or the planned commencement of employment or self-employment under subparagraph (A)(iii).";

- (2) by redesignating paragraphs (4) and (5) as paragraphs (5) and (6), respectively; and

- (3) by inserting after paragraph (3) the following:

"(4) DOCUMENTATION SUBSTANTIATING EMPLOYMENT OR SELF-EMPLOYMENT OR THE PLANNED COMMENCEMENT OF EMPLOYMENT OR SELF-EMPLOYMENT.—The term 'documentation substantiating employment or self-employment or the planned commencement of

employment or self-employment' means documentation provided by the individual substantiating employment or self-employment and wages earned or paid for such employment or self-employment, or such information related to the planned commencement of employment or self-employment.'".

(b) APPLICABILITY.—

(1) IN GENERAL.—Beginning not later than 30 days after the date of enactment of this Act, each State shall require that documentation substantiating employment or self-employment or the planned commencement of employment or self-employment (as defined in section 2102 of the Relief for Workers Affected by Coronavirus Act (contained in subtitle A of title II of division A of the CARES Act (Public Law 116-136))) be submitted by any individual who applies for pandemic unemployment assistance under section 2102 of the Relief for Workers Affected by Coronavirus Act (contained in subtitle A of title II of division A of the CARES Act (Public Law 116-136)) on or after the date of enactment of this Act.

(2) PRIOR APPLICANTS.—Any individual who applied for pandemic unemployment assistance under section 2102 of the Relief for Workers Affected by Coronavirus Act (contained in subtitle A of title II of division A of the CARES Act (Public Law 116-136)) before the date of enactment of this Act and receives such assistance on or after the date of enactment of this Act shall submit documentation substantiating employment or self-employment or the planned commencement of employment or self-employment (as defined in such section 2102) not later than 90 days after the date of enactment of this Act or the individual will be ineligible to receive pandemic unemployment assistance under such section 2102.

By Mr. SCOTT of South Carolina (for himself, Mr. ALEXANDER, and Mr. CRUZ):

S. 4284. A bill to provide for emergency education freedom grants, to amend the Internal Revenue Code of 1986 to establish tax credits to encourage individual and corporate taxpayers to contribute to scholarships for students through eligible scholarship-granting organizations, and for other purposes; to the Committee on Finance.

Mr. ALEXANDER. Mr. President, today, Senator TIM SCOTT of South Carolina and I have introduced the School Choice Now Act, which does two things: It protects students who have been attending private schools from the heartbreaking loss of scholarships, and it gives families more options for their children's education at a time that school is more important than ever.

I have been working to find ways to help parents pursue the education that best meets their child's needs for a long time, since 1979, when I began to be the Governor of Tennessee.

In 1986, we Governors got together in something called Time for Results. I was chairman of the National Governors Association. The vice chairman was the Arkansas Governor, Bill Clinton, and we devoted the Governors' attention for an entire year to one subject—education.

There were six points. One of those points way back then was to find ways to give parents more choices of schools for their children.

Then, later on, in 1992, when President George H.W. Bush was in office and I was Education Secretary, I helped the President develop something we called the GI Bill for Kids, which was Federal funds for a \$1,000 scholarship to work with cities and States, like Milwaukee in Wisconsin, that were trying to give low-income families more choices of good schools for their children.

Then, my last act as Education Secretary was to notice what they call start-from-scratch schools in Minnesota, created by the Democratic-Farmer-Labor Party. There were about a dozen of them, as I remember, and I wrote every school district in the country and asked them to start one of these start-from-scratch schools, which were the forerunners of today's public charter schools. Today, we have 7,500 public charter schools.

Then, in 2004, I tried something I called the Pell Grant for Kids, a \$500 scholarship that would follow every middle- and low-income child in America to an accredited program of their choosing.

Some people said: Wait a minute. You can't call the Pell grant a voucher.

I said: That is precisely what the Pell grant is. The Pell grant is a voucher that a college student can take to any accredited college—public, private, or religious. Why can't we do that for elementary and secondary schools?

In 2005, we had a hurricane named Katrina, creating devastation on the gulf coast, and Senator Ted Kennedy and I and Senator Landrieu and others worked together to provide 1.2 billion Federal dollars in one-time emergency assistance for the 2005–2006 school year so students enrolled in public or non-public schools—children who were displaced by the hurricane—could enroll in public or private schools while their families recovered. They got scholarships of up to \$6,000.

And, more recently, I suggested a Scholarship for Kids Act. I said: Why don't we give a State like Tennessee, Ohio, or North Dakota, the opportunity to take most of the Federal dollars and turn them into scholarships for the lowest income students in their State? That scholarship would amount to \$2,100 if we just took the existing money we had and spent it that way.

So that is the strategy that we followed in this country for many, many years, ever since 1944, with the GI bill for veterans.

We all remember what that was. The veterans came home and a grateful nation gave them a scholarship and said: Take it anywhere you want, to any college or accredited school. Take it to Notre Dame, take it to Yeshiva, take it to a historically Black college, take it to Ohio State, take it to Tennessee, take it to the Presbyterian school.

And they have done that, and the GI bill may be one of the most certainly successful pieces of legislation ever enacted.

Last year, there were over \$28 billion in Federal Pell grants and more than

\$91 billion in Federal loans that followed students to public and private colleges of their choice.

Now, the Federal Government also provides vouchers to help pay for childcare. The Child Care and Development Block Grant was negotiated by John Sununu when he was Chief of Staff for H.W. Bush in 1990, and what that does is basically give money to States, and States then give vouchers, just like Pell grants for college, but they give them to working moms, and they can go pick the childcare center that is best for their child.

The Federal Government, in 2019, provided \$8.7 billion and States another \$1.2 to provide vouchers to 1.3 million children.

So I think you can see where I am going with this. It is that the idea of giving parents choices of schools is not a new idea. We have done it in colleges since 1944. We do it with childcare. We do it in community colleges. Why not do it for elementary and secondary education? Why not give low-income families more of the same choices of good schools that wealthy families have?

Now, during COVID-19, children in all K-12 schools have been affected by the disease. There are 100,000 public schools across our country serving 50 million students. That are another 35,000 private schools serving 5 million students. Many of those schools, public and private, are choosing not to reopen in person this fall.

Many schools are failing to provide high-quality distance learning. The students who will suffer the most from this are the low-income children—the children from families where both parents work away from home every day or where the only parent works away from home every day, children with no internet, families who can't afford to put a child in a private school if the public school is not open.

These are the parents who have the greatest need and the children who have the greatest need. We should address that need as we think about how to deal with COVID-19.

Just as more families need more options, there are fewer scholarships available to help them choose private schools because there has been less charitable giving as a result of the pandemic.

So for low-income students attending private schools on a scholarship, that can mean a heartbreaking end to their time at school and a transfer to a new school that may not meet their needs at all.

That is why Senator SCOTT and I and others of us recommend that Congress first provide sufficient funding for all of our schools—100,000 public schools and 35,000 private—so they can safely open this fall with as many students physically present as possible.

I have suggested that the cost of this to the taxpayers could be as much as \$70 billion. The House of Representatives has appropriated \$58 billion.

If Congress were to agree on the higher number, \$70 billion, that would be about \$1,200 for every one of the 55 million public and private school students in the country.

The School Choice Now Act that Senator SCOTT and I are offering is about the 5.7 million of those 55 million children who attend the 35,000 nonpublic, private, or religious schools. It provides scholarships to students to have the opportunity to return to the private school they attended before the pandemic and gives other students a new opportunity to attend private school by doing two things: One, providing one-time emergency funding for scholarship-granting organizations. These are nonprofits that do the important work of helping students attend private schools in each State. These scholarship-granting organizations will use this one-time funding to provide families with direct educational assistance, including private school tuition as well as homeschooling expenses.

No. 2, this act would provide permanent dollar-for-dollar Federal tax credits for contributions to those scholarship-granting organizations. What this means is that any American taxpayer who makes a charitable donation to one of these nonprofits that provide scholarships to students will receive a credit on their Federal taxes equal to the amount the taxpayer donated. The same goes for private companies that make donations to these organizations.

The School Choice Now Act is not a Federal mandate. States are free to create their own tax credit scholarship programs that work for the unique needs of students in their States. States that don't want to support scholarships to private schools are not required to accept these funds. They can be returned to the Secretary, and the funds will be redistributed to States that want the funds.

This bill is about one of the great principles of what it means to be an American: the principle of equal opportunity. For me, equal opportunity means creating an environment in which the largest number of people can begin at the starting line. When everyone is at the starting line in America, anything is possible. Giving children more opportunity to attend a better school is the real answer to inequality in America.

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 655—DECLARING RACISM A PUBLIC HEALTH CRISIS

Mr. BROWN (for himself, Mr. BOOKER, Ms. HARRIS, Mr. SCHUMER, Mr. CARPER, Mr. MARKEY, Mr. WYDEN, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. HEINRICH, Mr. BENNET, Ms. SMITH, Mr. CARDIN, Mrs. FEINSTEIN, Mr. SANDERS, Ms. WARREN, Mr. VAN HOLLEN, Ms. KLOBUCHAR, Mr. MERKLEY, Mr. MENENDEZ, Mr. WHITEHOUSE, Ms. HIRONO, Mrs.

MURRAY, Ms. HASSAN, Mr. KAINE, Ms. DUCKWORTH, Mr. SCHATZ, Mr. CASEY, Mr. DURBIN, Mr. REED, Ms. STABENOW, and Mr. KING) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 655

Whereas the United States ratified over 350 treaties with sovereign indigenous communities, has broken the promises made in such treaties, and has historically failed to carry out its trust responsibilities to Native Americans, including American Indians, Alaska Natives, and Native Hawaiians, as made evident by the chronic and pervasive underfunding of the Indian Health Service and Tribal, Urban Indian, and Native Hawaiian health care, the vast health and socioeconomic disparities faced by Native American people, and the inaccessibility of many Federal public health and social programs in Native American communities;

Whereas people of Mexican and Puerto Rican descent, who became Americans through conquest, were subject to, but never full members of the polity of the United States and experienced widespread discrimination in employment, housing, education, and health care;

Whereas the immoral paradox of slavery and freedom is an indelible wrong traced throughout the Nation's history, as African Americans lived under the oppressive institution of slavery from 1619 through 1865, endured the practices and laws of segregation during the Jim Crow Era, and continue to face the ramifications of systemic racism through unjust and discriminatory structures and policies;

Whereas, before the enactment of the Medicare program, the United States' health care system was highly segregated, and, as late as the mid-1960s, hospitals, clinics, and doctors' offices throughout Northern and Southern States complied with Jim Crow laws and were completely segregated by race—leaving Black communities with little to no access to health care services;

Whereas, between 1956 and 1967, the National Association for the Advancement of Colored People (NAACP) Legal Defense and Education Fund litigated a series of court cases to eliminate discrimination in hospitals and professional associations;

Whereas the landmark case *Simkins v. Moses H. Cone Memorial Hospital*, 323 F.2d 959 (1963), challenged the Federal Government's use of public funds to expand, support, and sustain segregated hospital care, and provided justification for title VI of the 1964 Civil Rights Act and the Medicare hospital certification program—establishing Medicare hospital racial integration guidelines that applied to every hospital that participated in the Federal program;

Whereas, in 1967, President Lyndon B. Johnson established the National Advisory Commission on Civil Disorders, which concluded that white racism is responsible for the pervasive discrimination and segregation in employment, education, and housing, resulting in deepened racial division and continued exclusion of Black communities from the benefits of economic progress;

Whereas language minorities, including Latinos, Asian Americans, and Pacific Islanders, were not assured non-discriminatory access to Federally-funded services, including health services, until the signing of Executive Order 13166 in 2000;

Whereas the Patient Protection and Affordable Care Act included provisions to expand the Medicaid program and—for the first time in the United States—established a Federal prohibition against discrimination

on the basis of race, color, national origin, sex, age, or disability in certain health programs, building on other Federal civil rights laws;

Whereas the Patient Protection and Affordable Care Act required reporting to Congress on health disparities based on race, color, national origin, sex, age, or disability;

Whereas several Federal programs have been established to address some, but not all, of the health outcomes that are disproportionately experienced by communities of color, including sickle cell disease, tuberculosis, infant mortality, and HIV/AIDS;

Whereas the National Center for Chronic Disease Prevention and Health Promotion works to raise awareness of health disparities faced by minority populations in the United States, such as Native Americans, Asian Americans, Black Americans, and Latino Americans, aiming to reduce risk factors for groups affected by such health disparities;

Whereas the United States' health care system and other economic and social structures remain fraught with racism and racial, ethnic, sex (including sexual orientation and gender identity), and class biases that lead to health inequity and health disparities;

Whereas life expectancy rates for Black and Native American people in the United States are significantly lower than those of white people in the United States;

Whereas disparities in health outcomes are exacerbated for LGBTQIA+ people of color;

Whereas disparities in health outcomes are worsened for people of color with disabilities due to bias and inequitable access to health care;

Whereas several States with higher percentages of Black, Latino, and Native American populations have not expanded their Medicaid programs—continuing to disenfranchise minority communities from access to health care to this day;

Whereas 16 States have failed to take advantage of the Federal option to expand access to Medicaid and the Children's Health Insurance Program to lawfully-residing immigrant children within the first 5 years of lawful status, and 26 States have failed to do so for similarly-situated pregnant women;

Whereas, between 2016 and 2018, the child uninsured rate increased from 4.7 percent to 5.2 percent and the Latino child uninsured rate increased from 7.7 percent to 8.1 percent, and children of color are far more likely to be uninsured than white children;

Whereas a climate of fear and confusion for immigrant families due to the public charge rule discourages such families from enrolling eligible children in Medicaid and the Children's Health Insurance Program;

Whereas Pacific Islanders from the Freely Associated States experience unique health disparities resulting from United States nuclear weapons tests on their home islands, but such people have been categorically denied access to Medicaid and other Federal health benefits;

Whereas the United States has historically facilitated outsider status toward Asian Americans and Pacific Islanders, such as the authorization of the internment of Japanese Americans during World War II, which resulted in profound economic, social, and psychological burdens for the people impacted;

Whereas the history and persistence of racist and non-scientific medical beliefs are associated with ongoing racial disparities in treatment and health outcomes;

Whereas implicit racial and ethnic biases within the health care system have an impact on the quality of care experienced by communities of color, such as the undertreatment of pain in Black patients;

Whereas the historical context of unethical practices and abuses experienced by Black