

(Mr. BENNET) was added as a cosponsor of S. 3737, a bill to improve the public health workforce loan repayment program.

S. 3814

At the request of Mr. BENNET, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 3814, a bill to establish a loan program for businesses affected by COVID-19 and to extend the loan forgiveness period for paycheck protection program loans made to the hardest hit businesses, and for other purposes.

S. 4034

At the request of Mr. DURBIN, the names of the Senator from Rhode Island (Mr. WHITEHOUSE), the Senator from Mississippi (Mr. WICKER), the Senator from Delaware (Mr. COONS) and the Senator from North Carolina (Mr. TILLIS) were added as cosponsors of S. 4034, a bill to expand eligibility for and provide judicial review for the Elderly Home Detention Pilot Program, provide for compassionate release based on COVID-19 vulnerability, shorten the waiting period for judicial review during the COVID-19 pandemic, and make other technical corrections.

S. 4042

At the request of Mr. MERKLEY, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 4042, a bill to protect agricultural workers from the impacts of the coronavirus pandemic, and for other purposes.

S. 4075

At the request of Mrs. CAPITO, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 4075, a bill to amend the Public Works and Economic Development Act of 1965 to provide for the release of certain Federal interests in connection with certain grants under that Act, and for other purposes.

S. 4098

At the request of Mr. MENENDEZ, the names of the Senator from Maryland (Mr. CARDIN) and the Senator from Hawaii (Mr. SCHATZ) were added as cosponsors of S. 4098, a bill to provide funding for the Neighborhood Reinvestment Corporation Act, and for other purposes.

S. 4129

At the request of Mr. WICKER, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 4129, a bill to amend the Internal Revenue Code of 1986 to reinstate advance refunding bonds.

S. 4143

At the request of Mr. SCHUMER, the name of the Senator from Nevada (Ms. CORTEZ MASTO) was added as a cosponsor of S. 4143, a bill to extend the unemployment insurance provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act for the duration of the economic recovery, and for other purposes.

S. 4172

At the request of Mr. BROWN, the name of the Senator from Rhode Island

(Mr. REED) was added as a cosponsor of S. 4172, a bill to provide emergency funding for child welfare services provided under parts B and E of title IV of the Social Security Act, and for other purposes.

S. 4174

At the request of Ms. COLLINS, the names of the Senator from Kansas (Mr. MORAN) and the Senator from Maine (Mr. KING) were added as cosponsors of S. 4174, a bill to provide emergency appropriations to the United States Postal Service to cover losses related to the COVID-19 crisis and to direct the Board of Governors of the United States Postal Service to develop a plan for ensuring the long term solvency of the Postal Service.

S. 4181

At the request of Mr. REED, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 4181, a bill to establish a Library Stabilization Fund to respond to and accelerate the recovery from coronavirus.

S. 4198

At the request of Mr. SCOTT of Florida, the name of the Senator from Iowa (Ms. ERNST) was added as a cosponsor of S. 4198, a bill to require health plans to provide coverage for COVID-19 serology testing.

S. 4202

At the request of Mr. DURBIN, the name of the Senator from Nevada (Ms. ROSEN) was added as a cosponsor of S. 4202, a bill to amend the Food and Nutrition Act of 2008 to expand online benefit redemption options under the supplemental nutrition assistance program, and for other purposes.

S. 4226

At the request of Mr. PETERS, the names of the Senator from Ohio (Mr. PORTMAN), the Senator from Maine (Mr. KING) and the Senator from Nebraska (Mr. SASSE) were added as cosponsors of S. 4226, a bill to require the Secretary of Homeland Security to conduct an assessment of the feasibility and advisability of establishing a fund for the response to, and recovery from, a cyber state of distress, and for other purposes.

S. 4227

At the request of Ms. ROSEN, the name of the Senator from Minnesota (Ms. SMITH) was added as a cosponsor of S. 4227, a bill to improve access to economic injury disaster loans and emergency advances under the CARES Act, and for other purposes.

S. 4231

At the request of Mr. ALEXANDER, the names of the Senator from Alaska (Mr. SULLIVAN) and the Senator from Florida (Mr. RUBIO) were added as cosponsors of S. 4231, a bill to strengthen and sustain on-shore manufacturing capacity and State stockpiles, and to improve the Strategic National Stockpile.

S. 4252

At the request of Mr. WYDEN, the names of the Senator from Rhode Is-

land (Mr. WHITEHOUSE) and the Senator from Maryland (Mr. CARDIN) were added as cosponsors of S. 4252, a bill to provide funding for States to improve their unemployment compensation programs, and for other purposes.

S. 4283

At the request of Mr. WYDEN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 4283, a bill to provide funding for States to improve their unemployment insurance technology systems, and for other purposes.

S. 4338

At the request of Mr. BOOKER, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 4338, a bill to direct the Secretary of Agriculture to temporarily suspend increased line speeds at meat and poultry establishments, and for other purposes.

S. RES. 509

At the request of Mr. TOOMEY, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. Res. 509, a resolution calling upon the United Nations Security Council to adopt a resolution on Iran that extends the dates by which Annex B restrictions under Resolution 2231 are currently set to expire.

S. RES. 652

At the request of Mr. DURBIN, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. Res. 652, a resolution expressing the sense of the Senate regarding preconditions for the readmission of the Russian Federation into a reconstituted Group of Eight or participation in the Group of Seven.

S. RES. 658

At the request of Mr. DURBIN, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. Res. 658, a resolution calling for a free, fair, and transparent presidential election in Belarus taking place on August 9, 2020, including the unimpeded participation of all presidential candidates.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTION

By Mr. KAINE (for himself, Mr. YOUNG, Mr. REED, and Mr. CASIDY):

S. 4349. A bill to address behavioral health and well-being among health care professionals; to the Committee on Health, Education, Labor, and Pensions.

Mr. KAINE. Mr. President, Lorna Breen was a talented and dynamic physician who served as the medical director of the emergency department at New York-Presbyterian Allen Hospital. Lorna was from Charlottesville, VA, and very devoted to her family there. She attended Cornell University and then the Medical College of Virginia. She was deeply religious, an avid skier, a volunteer with senior citizens, a salsa dancer, and a musician.

Mostly, Lorna Breen was a beloved, compassionate, and demanding doctor. A colleague said of her: “She had something that was a little bit different and that was this optimism that her persistent effort will save lives.”

Dr. Breen suffered from something very common among health professionals—the deep stress of dealing with patients day in and day out—helping them, worrying about them, celebrating with them, praying for them, and mourning for them.

Healthcare professionals routinely experience high levels of stress. As many as 45 to 55 percent of this critical workforce suffers from burnout. Physicians have the highest rate of death by suicide of any profession in this country, with a suicide rate more than twice that of the general population. That was the case before COVID-19.

In November 2019, Dr. Breen and three colleagues published a short article in the *American Journal of Emergency Medicine* titled: “Clinician burnout and its association with team-based care in the Emergency Department.” The article that she coauthored begins this way:

Recent work has noted the alarming prevalence of clinician burnout among providers, particularly among acute care physicians. Burnout is characterized by emotional exhaustion, physical fatigue, and cognitive weariness, which may lead to feelings of depersonalization and reduced accomplishment.

The article went on to describe how staffing models—in this case, the use of fixed working teams—could mitigate the effects of stress on staff and also improve patient outcomes. Within just a few months of the publication of this article, healthcare professionals like Dr. Breen, already dealing with high stress levels, faced a new foe: coronavirus.

Dr. Breen’s hospital was overrun by the virus in March and April, as were others in New York, as are others in this country. By late March, the Allen, a small community hospital serving a low-income population in Northern Manhattan, was blitzed with an emergency department clogged with nearly three times its normal number of patients. Dr. Breen shared the sense of anxiety now understood by the whole country: “People I work with are so confused by all the mixed messages and constantly changing instructions.” And then Dr. Breen got the virus herself, coming down with fever and exhaustion on March 18 and quarantining in her New York City apartment as she tried to recover. While she was trying to recover, she was texting her colleagues to see if they were OK. She was trying to help them find supplies that they could buy to use at the hospital.

Finally, she returned to work on April 1, and the situation in her emergency room, her hospital, her city, was even grimmer. Her sister, Jennifer Breen Feist, described what Lorna faced.

When [Lorna] returned to the hospital, she was confronted by an overwhelming, relent-

less number of incredibly sick patients. She and her colleagues worked 24/7 during the peak in New York with limited personal protective equipment, insufficient supplies, not enough beds, not enough help. Many of her colleagues were out on medical furlough. She told me patients were dying in the waiting rooms and hallways. . . . There was so much suffering, so much death.

During the peak of the crisis in New York City, nearly a quarter of all patients admitted to the Allen for COVID-19 would die. Dr. Breen messaged her Bible study group: “I’m drowning right now—may be AWOL for a while.” She kept right on working.

By mid-April, Dr. Breen reached out for help to deal with the stress she was feeling by talking to colleagues and family. She admitted that she had thought about hurting herself. She told one friend:

I couldn’t help anyone. I couldn’t do anything. I just wanted to help people and I couldn’t do anything.

Dr. Breen was admitted to a psychiatric hospital for 11 days and went home when she was discharged to be with her family in Charlottesville to recover, and on April 26, Dr. Breen died by suicide, leaving no note.

Dr. Breen was a victim of coronavirus, even though her death is not counted among the 151,000 people who have succumbed to the virus. But she was also a victim of another condition that is a preventable condition that affects our healthcare professionals. We place enormous demands upon our healers. Our society, including the medical profession itself, does not do enough to recognize the real cost that the work inflicts upon the mental health of our caregivers. Perhaps even our use of the term “hero,” meant as the highest praise, subtly communicates an expectation that our healers must be strong superheroes, placed high on a pedestal by society, thereby making it even more difficult for a caregiver to admit vulnerability and simply ask for help.

Loice Swisher, an emergency room physician in Philadelphia, puts it this way:

We don’t want to be seen as a weak link. We don’t want to be seen as incompetent or place an extra burden on our colleagues. It’s almost like you’re being kicked off the island—you don’t belong any more—if you admit to [needing help].

It is still common practice in this country for State medical boards and hospitals to ask doctors seeking licensing and credentialing whether they have ever been treated for depression or other mental illness. This heightens the barriers to asking for help when we should be making it easier to do so. Lorna’s sister Jennifer attests to this:

And when [Lorna] became so overworked and despondent that she was unable to move, do you know what she was worried about? Her job. She was worried that she would lose her medical license, or be ostracized by her colleagues because she was suffering burnout due to her work on the front lines of the Covid19 crisis. She was afraid to get help.

Lorna’s worries were not unusual. A 2019 survey of physicians by the Amer-

ican Medical Association showed that nearly 40 percent of surveyed physicians are wary about seeking mental health counseling, while another 12 percent indicate that they would only do so in secret.

Dr. Breen’s family is devastated by her passing, but they are honoring her by advocating for the cause of a more humane profession, one in which mental health challenges are acknowledged, mental health resources are available, and the healer accessing those services is encouraged.

I am proud today to introduce the Dr. Lorna Breen Health Care Provider Protection Act, together with my colleagues, Senators YOUNG, REED, and CASSIDY. The act aims to reduce and prevent suicide, burnout, and other mental and behavioral health conditions among healthcare professionals. In particular, the act would establish grants for training healthcare professionals, students, and residents with strategies to improve their mental well-being and job satisfaction; identify and disseminate evidence-based best practices for combating burnout and suicide; establish a national education and awareness campaign targeting healthcare professionals to encourage them to seek support and treatment for mental and behavioral health concerns; create grants for employee education, peer support programming, and mental and behavioral health treatment with a priority for providers in COVID-19 hotspots; and initiate a comprehensive study on healthcare professional mental health needs, including the impact of COVID-19 on our providers, that can produce recommendations for all levels of government and the medical professions themselves.

We introduced this bill mindful of the many priorities that are currently being discussed while we negotiate our continuing response to the Nation’s coronavirus challenge. It is our hope that this bill might make it into the next COVID-19 bill as a tribute to Lorna Breen and so many like her.

How should we honor the work and sacrifice of a Lorna Breen? How do we honor those healthcare frontline workers whom we call heroes every day? How do we recognize the tremendous work they are doing and also the tremendous burden that they carry? Let’s pass this bill and show that we care about our healers and are committed to providing them the resources and the culture they need to keep healing.

By Mrs. FEINSTEIN:

S. 4352. A bill to provide for the water quality restoration of the Tijuana River and the New River, and for other purposes; to the Committee on Environment and Public Works.

Mrs. FEINSTEIN. Mr. President, I rise today to introduce the “Border Water Quality Restoration and Protection Act of 2020.”

For over two decades, cleaning up the Tijuana River Valley has been one of

my top priorities for Southern California. The wastewater, trash and sediment that continues to flow into San Diego and Imperial Counties is a danger to public health and our economy and it must be addressed.

This legislation is a key piece of addressing this decades-long issue.

#### WHAT THE PROBLEM IS

Polluted water from the Tijuana and New Rivers flows north across the border into the United States causing unsanitary water conditions, pollution and beach closures across Southern California. It also jeopardizes military training exercises for Navy Seals in Camp Pendleton.

Three-quarters of the 1,700-square-mile Tijuana River watershed lies in Mexico. However, the watershed, along with all its pollutants, drains into San Diego County and the Tijuana River Valley.

#### IMPACTS OF THE WATER POLLUTION

In addition to jeopardizing human health and safety, two of the most drastic effects from this cross-border water pollution are harm to wildlife and damage to the tourism industry, integral to Southern Californian communities.

Pollution from Mexico harms sensitive areas that provide critical habitat for more than 300 species of birds as well as marine animals like leopard sharks and bottlenose dolphins, including: Tijuana River's National Estuarine Research Reserve, the River Mouth State Marine Conservation Area and River Valley Regional Park Preserve.

The beaches in the region are vital to San Diego's tourism economy. Beaches in the communities of Coronado and Imperial Beach have been closed for more than 200 days this year alone due to pollution.

Health and safety of residents and workers are also at risk. In recent years, local Border Patrol union officials reported that 80 officers suffered from contamination, rashes, infections, chemical burns and lung irritation due to toxic cross-border flows.

The harmful effects of pollution in the Tijuana River Valley on our residents, businesses, economy and environment are simply unacceptable.

#### CURRENT STATUS

In February 2020, the Government Accountability Office issued a comprehensive report, "International Boundary Water Commission: Opportunities Exist to Address Water Quality Problems." My office worked closely with the GAO to utilize their findings to craft meaningful change through this legislation.

Simultaneously, we were able to secure \$300 million in the U.S.-Mexico-Canada trade agreement to address pollution in the Tijuana River Valley Watershed.

With significant funding and detailed findings by the GAO investigation, we developed this legislation in concert with federal, state and local agency input.

#### WHAT THE BILL DOES

The Border Water Quality Restoration and Protection Act includes some key reforms to advance concrete solutions.

One of the problems is that no one agency is in charge of this problem. A whole range of agencies—EPA, International Boundary and Water Commission, State Department, Department of Homeland Security, Customs and Border Protection, Defense Department—all have jurisdiction or interest in this international issue.

What we need is one agency in charge, taking input from the others so decisions can be made. This approach is similar to other large, regional environmental challenges like the Great Lakes, Gulf of Mexico, Everglades and Chesapeake Bay. Here in California, we have also seen great success with this model of interagency coordination at Lake Tahoe.

Here's how the bill would work:

The EPA would be officially named the agency with overall control of this effort.

The EPA, along with its federal, state and local partners, would be directed to identify a list of priority projects. It also would be authorized to accept and distribute funds to build, operate and maintain those projects.

Would permanently authorize the Border Water Infrastructure Program to manage storm water runoff and water reuse projects.

State and local authorities would also be authorized to contribute funding to federal projects, which is currently not allowed.

The International Boundary and Water Commission would be authorized to mitigate storm water from Mexico and the pollution that comes with it and is required to construct, operate and maintain projects on the priority list developed by the agencies within the U.S. that improve water quality.

#### CONCLUSION

We need a new and comprehensive approach to this issue that has plagued border communities for too long. This bill creates a formal process to consider effective, long-term solutions and additional wastewater infrastructure to mitigate cross-border pollution and I hope the Senate can move on this bill quickly.

I want to thank California Environmental Protection Agency, California Natural Resources Agency, San Diego and Imperial counties, cities of Imperial Beach and Coronado, Mayor of Chula Vista, Mary Casillas Salas, Mayor of San Diego, Kevin Faulconer, and the Port of San Diego for supporting this legislation. These communities, and others, have been negatively impacted by this issue for far too long.

It's past time that we finally solve this problem to safeguard local health and economic growth.

Thank you, Mr. President. I yield the Floor.

By Mr. REED (for himself and Mr. BENNET):

S. 4361. A bill to automatically extend and adjust enhanced unemployment assistance for the duration of the COVID-19 emergency and economic crisis, and for other purposes; to the Committee on Finance.

Mr. REED. Mr. President, the unemployment crisis we are facing due to the pandemic has devastated the lives of tens of millions of Americans—many of whom may not see their jobs come back for the foreseeable future. The expanded unemployment insurance we passed in the CARES Act—especially the coverage for gig workers and the self-employed and the \$600 weekly boost—have enabled workers to keep a roof over their heads, feed their children, and pay for health insurance.

If these benefits expire or are drastically reduced, it could cause an eviction and hunger crisis. It could also tank consumer spending while increasing business closings that will lead to even more unemployment. Additionally, it could further exacerbate this public health and economic crisis by forcing more Americans into desperate situations, instead of ensuring that people can return to the workforce when it is safe.

And yet knowing this, the Republican have proposed to slash weekly benefits to \$200 a week for the next two months, after which benefits would be limited to no more than 70% of previous wages. This plan, which would cut the average worker's unemployment benefits by roughly 43%, would take states months to get up and running. This would further delay benefits at a time when some workers are still waiting for assistance.

Instead of this half-baked, inefficient, and disingenuous proposal, we must work together on a bipartisan basis to enact targeted, effective, and smart measures that will offer families, businesses, and the economy the needed stability to get us through this crisis. That is why I am introducing the Worker Relief and Security Act, along with Senator BENNET and Congressman BEYER. Our legislation, which reflects input from top economists, would take politics out of the equation, basing continued enhanced unemployment insurance benefits on "automatic stabilizers" that are tied to the public health emergency and economic conditions. Specifically, this legislation would automatically extend the \$600 weekly boost and additional benefit weeks, on top of regular state unemployment, through the duration of the public health crisis. Once we begin to enter the recovery phase, this legislation would continue providing supplemental weekly compensation and additional benefit weeks until national and state total unemployment rates get closer to pre-crisis levels.

Time is of the essence, so I urge our colleagues to join us in pressing for immediate action on this legislation. We must extend and enhance unemployment insurance benefits, tying them to economic and health conditions—as

well as expand work sharing as I have discussed previously—to help keep families, businesses, and states solvent through this crisis.

Mr. President, I yield back.

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 663—SUPPORTING MASK-WEARING AS AN IMPORTANT MEASURE TO LIMIT THE SPREAD OF THE CORONAVIRUS DISEASE 2019 (COVID-19)

Mr. TOOMEY (for himself and Mr. BENNET) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 663

Whereas the Centers for Disease Control and Prevention believes that the spread of the Coronavirus Disease 2019 (referred to in this preamble as “COVID-19”) occurs primarily through respiratory droplets;

Whereas research shows that shedding of the virus that causes COVID-19 can occur 2 to 3 days before the onset of symptoms;

Whereas research conducted long before the COVID-19 pandemic has shown the utility of wearing masks in providing protection against the transmission of respiratory infections;

Whereas various types of cloth masks, including masks made of cotton, gauze, and other fabrics, reduced infection rates among health care workers and others during the Spanish Flu pandemic of 1918 and the Manchurian plague of 1920 through 1921, and were used by health care workers and others to protect against tuberculosis in the 1930s and 1940s;

Whereas a study published on July 9, 2008, that tested the efficacy of homemade face masks in reducing respiratory infections among the general population concluded that any type of general-use mask is likely to decrease viral exposure and infection risk on a population level;

Whereas a study published on May 22, 2013, that attempted to test the protective value of homemade masks compared to commercial masks in an influenza pandemic concluded that homemade masks would be better than no facial protection at all;

Whereas, on April 3, 2020, the Centers for Disease Control and Prevention recommended that the people of the United States wear nonmedical, cloth masks in public places;

Whereas the Centers for Disease Control and Prevention has found that cloth face coverings fashioned from household items can substantially reduce the dispersion of exhaled droplets and provide acceptable breathability;

Whereas a survey conducted by the Centers for Disease Control and Prevention from May 11 through May 13, 2020, found that 76 percent of adults support mask-wearing outside of the home;

Whereas a study published by the Centers for Disease Control and Prevention on July 17, 2020, found no secondary cases of COVID-19 in 139 mask-wearing clients of 2 symptomatic mask-wearing hair stylists with confirmed cases of COVID-19;

Whereas the benefit of each additional cloth mask worn by members of the public has been estimated to be between \$3,000 and \$6,000 due to the ability of masks to slow COVID-19 transmission and, as a result, to

decrease mortality relating to the virus that causes COVID-19; and

Whereas a study published in BMJ found that mask-wearing by both infected individuals and the contacts of those individuals to be 79 percent effective in reducing COVID-19 transmission: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes the importance of mask-wearing in limiting the transmission of the Coronavirus Disease 2019 (referred to in this resolution as “COVID-19”);

(2) recognizes that medical-grade masks should be reserved for use in health care settings and among vulnerable populations throughout the COVID-19 pandemic;

(3) recognizes that mask-wearing should be coupled with other measures recommended by the Centers for Disease Control and Prevention and State and local public health agencies, including frequent handwashing and physical distancing, to further reduce the risk of COVID-19 transmission; and

(4) encourages the people of the United States to wear masks in indoor public places, in accordance with the guidelines established by the Centers for Disease Control and Prevention, at times when physical distancing is not allowable to protect against unknown transmission of COVID-19.

#### AUTHORITY FOR COMMITTEES TO MEET

Mr. PORTMAN. Mr. President, I have 8 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

#### COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

The Committee on Banking, Housing, and Urban Affairs is authorized to meet during the session of the Senate on Wednesday, July 29, 2020, at 10 a.m., to conduct a hearing.

#### COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

The Committee on Commerce, Science, and Transportation is authorized to meet during the session of the Senate on Wednesday, July 29, 2020, at 10 a.m., to conduct a hearing on nominations.

#### COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

The Committee on Environment and Public Works is authorized to meet during the session of the Senate on Wednesday, July 29, 2020, at 10 a.m., to conduct a hearing.

#### COMMITTEE ON FINANCE

The Committee on Finance is authorized to meet during the session of the Senate on Wednesday, July 29, 2020, at 10:15 a.m., to conduct a hearing.

#### COMMITTEE ON INDIAN AFFAIRS

The Committee on Indian Affairs is authorized to meet during the session of the Senate on Wednesday, July 29, 2020, at 2:30 p.m., to conduct a hearing.

#### COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Wednesday, July 29,

2020, at 10 a.m., to conduct a hearing on nominations.

#### COMMITTEE ON VETERANS' AFFAIRS

The Committee on Veterans' Affairs is authorized to meet during the session of the Senate on Wednesday, July 29, 2020, at 2 p.m., to conduct a hearing.

#### SELECT COMMITTEE ON INTELLIGENCE

The Select Committee on Intelligence is authorized to meet during the session of the Senate on Wednesday, July 29, 2020, at 2 p.m., to conduct a closed hearing.

#### FRIENDLY AIRPORTS FOR MOTHERS IMPROVEMENT ACT

Mr. PORTMAN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 479, S. 2638.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 2638) to amend title 49, United States Code, to require small hub airports to construct areas for nursing mothers, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Commerce, Science, and Transportation.

Mr. PORTMAN. I further ask unanimous consent that the bill be 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. Without objection, it is so ordered.

The bill (S. 2638) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 2638

*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 “Friendly Airports for Mothers Improvement Act”.

#### SEC. 2. MOTHERS' ROOMS.

Section 47107(w) of title 49, United States Code, is amended—

(1) in paragraph (1) by striking “In fiscal year 2021” and all that follows through “the Secretary of Transportation” and inserting “The Secretary of Transportation”;

(2) in paragraph (1)(B) by striking “one men's and one women's” and inserting “at least one men's and at least one women's”;

(3) by striking paragraph (2)(A) and inserting the following:

“(A) AIRPORT SIZE.—

“(i) IN GENERAL.—The requirements in paragraph (1) shall only apply to applications submitted by the airport sponsor of—

“(I) a medium or large hub airport in fiscal year 2021 and each fiscal year thereafter; and

“(II) an applicable small hub airport in fiscal year 2023 and each fiscal year thereafter.

“(ii) APPLICABLE SMALL HUB AIRPORT DEFINED.—In clause (i)(II), the term “applicable small hub airport” means an airport designated as a small hub airport during—

“(I) the 3-year period consisting of 2020, 2021, and 2022; or

“(II) any consecutive 3-year period beginning after 2020.”;