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Senate

The Senate met at 12 noon and was called to order by the President pro tempore (Mr. GRASSLEY).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Our Father, we place our hope in You. May our lawmakers find wisdom in Your trustworthy precepts. Guide our Senators to live so honorably that they will bring glory to Your Name. Lord, inspire them to yield their allegiance to You, striving always to receive Your approval. Thank You for hearing and answering their prayers, as they fervently seek Your wisdom. Guide them through the challenges of these times.

Lord, remind us all that we are mere sojourners in time, heading for the better land of eternity.

We pray in Your loving Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mrs. FISCHER). Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Iowa.

CORONAVIRUS

Mr. GRASSLEY. Madam President, much has been said on the Senate floor these past few days regarding our Nation's response to the coronavirus. But this morning, after our prayer to the Lord and after the pledge to our Nation's flag, I want to take this opportunity to send Iowans' and our Nation's parents my commendation because schools are closing, and as these schools close, the work of a parent or grandparent is more important than ever. I know many children are scared or don't understand why they can't play with their friends, and this puts an extra burden on their parents on top of all of the other challenges that these families have.

Those of you who are parents are raising America's future, and I want to recognize the importance of what you do every day.

I yield the floor.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

SENATE LEGISLATIVE AGENDA

Mr. MCCONNELL. Madam President, yesterday, President Trump and his team announced several new actions to help contain and combat the coronavirus. The President invoked the Defense Production Act, laying groundwork to manufacture more medical equipment. The Department of Health and Human Services will let medical professionals practice across State lines. The Department of Defense will deploy hospital ships and transfer millions of respirator masks and thousands of ventilators to HHS. The FDA will deepen partnerships with commercial laboratories to expand testing. The Department of Housing and Urban Development will suspend foreclosures and evictions on FHA-insured mortgages. And the Department of Homeland Security reached a mutual agreement with Canada to close our northern border to nonessential travel. These are major steps as we confront a major crisis.

Here in the Senate we are preparing to take further bold steps of our own. Yesterday, we passed legislation from the House that will provide some American workers with additional benefits during this emergency. As I explained yesterday, that legislation was hardly perfect. It imposes new costs and uncertainty on small businesses at precisely the most challenging moment for small businesses in living memory. So the Senate is even more determined that our legislation cannot leave small businesses behind.

Support for small business is one of the four key components of the much bolder proposal we are finalizing. Chairman RUBIO and Chairman COLLINS have been crafting a major plan to help small businesses survive this crisis and help workers continue to get paid.

We are talking about new federally guaranteed loans on the order of hundreds of billions of dollars to address immediate cashflow problems. This is no massive new bureaucracy. We want to let qualified small businesses get liquidity through familiar institutions—their own community banks, credit unions, or nationwide lenders.

As Chairman COLLINS explained yesterday, owners will not be able to use the funds to give themselves raises or increase their own profits. The point is to help small business endure, help workers keep their jobs, and help both businesses and workers emerge from this ready to thrive.

As Chairman RUBIO explained, the portions of these funds that small businesses use on core expenses, such as paying workers and paying their rent or mortgage, will convert into grants they will not need to pay back. This will make sure that even lower profit margin Main Street businesses get a fighting chance to stay open and continue paying workers.

This is straightforward: a rapid injection of cash to help small businesses

through this turmoil—not some brandnew program with a long lead time but an existing program that has been tested.

The second major pillar of our legislation will be even more straightforward: direct financial help for Americans. Senate Republicans want to put cash in the hands of the American people. Chairman GRASSLEY and a number of our colleagues are finalizing a structure that will get assistance to individuals and families as rapidly as possible. This is no Washington process with a thousand cooks in the kitchen, no piles of forms for laid-off workers or busy families to fill out—money for people from the middle class on down, period.

For laid-off Americans, this infusion would complement unemployment insurance and could be put toward immediate needs during this crisis. For Americans who are still working, the money would provide extra certainty in this uniquely uncertain time and help remind everyone that temporary shutdowns at bars and restaurants do not mean all commerce has to halt. For retirees, the money would complement Social Security and help seniors navigate the unusual routines that have suddenly become necessary for their own safety.

This is a form of additional tax relief that we want to push to taxpayers right away. It is not an ordinary policy, but this is no ordinary time. The American people need help, and they need it fast. This will deliver it.

Now, we believe this rapid assistance is crucial, but, more broadly, we need to keep as many Americans as possible on the job and connected to their employers. The small business relief will help, and so will a number of additional tax relief measures, which will be designed to help employers maintain cashflow and keep making payroll, preserving employment and protecting economic foundations.

That is also why the third pillar of our proposal involves targeted lending to industries of national importance. Chairman SHELBY, Chairman WICKER, and Senator THUNE are leading this component.

Just like small businesses, entire sectors are being crushed—crushed—by public health guidance, which is obviously through no fault of their own. For example, our Nation needs airlines. Yet they have ongoing maintenance costs that do not disappear just because the government has chased away all the customers. We cannot expect this key industry to mothball itself overnight, then dust off in weeks and months and pop right back online as the Nation will need and expect.

So let's be clear about something. From small businesses to key sectors, we are not talking about so-called bailouts for firms that made reckless decisions. Nobody is alleging a moral hazard here. None of these firms—not corner stores, not pizza parlors, not airlines—brought this on themselves. We are not talking about a taxpayer-funded cushion to companies that made mistakes. We are talking about loans, which must be repaid, for American employers whom the government itself—the government itself—is temporarily crushing for the sake of public health.

The fourth piece of our proposal goes to the heart of this crisis: the health of the American people. Chairmen ALEXANDER and GRASSLEY will be rolling out proposals to get resources on the frontlines of our fight against the virus itself because, to be clear, nothing I have laid out so far will represent a typical economic stimulus in the way that we think of that term.

Nobody—nobody—expects that employment figures or the stock market or GDP growth will bounce right back to where they were a few weeks ago. No policy and no amount of money could return things to normal overnight.

There is an underlying medical reality that is driving this disruption. In the words of one journalist, this is primarily ''a health crisis—with an economic crisis strapped to its back.''

So, yes, our proposal will immediately help American workers, families, and businesses. Yes, it will help position our economy to thrive once again after this public health menace is behind us.

This may not be the last economic legislation we pursue, but, fundamentally, we have to beat back this virus. We have to beat back this virus. That is why our proposal will go even further to remove barriers to care, speed innovation, fund the hospitals and health centers that will treat patients, and expand healthcare workers' access to the tools they need, including respirator masks.

Immediately after we pass this legislation, Congress must begin a bipartisan, bicameral appropriations process to address the administration's new supplemental funding request, so we can keep funding healthcare and other priorities.

I think every American shares the sense that the last several days have felt more like several months. Just last Saturday, our Nation had fewer than 3,000 confirmed cases, and 58 Americans had lost their lives. Already, the number of cases has nearly tripled. Tragically, so has the number of deaths. The crisis is moving fast; our health system is under strain; and our economy is hurting.

The legislation I have just laid out will not be the last word. As I said, we will need to turn right away to a bipartisan appropriations process. This is not Congress's last chance to legislate, but it is critical that we move swiftly and boldly to begin to stabilize our economy, preserve Americans' jobs, get money to workers and families, and keep up our fight on the health front.

That is exactly—exactly—what our proposal will do. These are not ordinary policies. This is no ordinary time. The American people are strong. They are brave. There is no doubt the American people will come through this battle and then soar to new heights on the other side.

The American people will win this fight against this virus. The Senate's job is to give them the tools they need, and we are not leaving until we do our job.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

CORONAVIRUS

Mr. SCHUMER. Madam President, in the space of less than 24 hours, yesterday, the number of coronavirus cases in my dear home State of New York has more than doubled. The spread of the virus has been rapid and the consequences severe. The coronavirus is slowing our economy to a near standstill, promoting widespread layoffs and the likelihood of a deep recession that will be painfully felt in households from coast to coast, from New York to California and every other State.

We are living in a time of public emergency—in our healthcare system, in our economy, and, indeed, in our society itself. Separated from one another, we are going to have to pull together in spirit. The American people have to sacrifice their routines. They don't want to, but we have no choice if we want to stay healthy and arrest the spread of the disease.

Our healthcare workers and our first responders every day are being asked to perform daunting and heroic tasks for which we all are already in their debt.

The anxiety, the fear, and the confusion that New Yorkers and Americans feel today is palpable, but I would remind them that there has never been a challenge too great for our country to overcome. I remember the dark days after 9/11. So many were prepared to write New York City off the map. They said no one would live or do business in the southern part of Manhattan. They said the whole city and its suburbs would never come back.

But we did come back, strongly, more resilient than we ever were before. We can and will do it again—in New York and throughout the Nation. But we must act urgently and boldly now, during what may still be the early days of this crisis.

Regarding the business before the Senate right now, yesterday we passed the second phase of legislation to respond to the coronavirus, which included important provisions to extend

paid sick leave, unemployment insurance, and provide free—free, no copays, no deductibles—coronavirus testing for all Americans. That bill was a first step. I am glad it is now done. I am glad it got support from both sides of the aisle—I believe 90 votes on passage—and the aid will begin to flow.

Now, Leader MCCONNELL has just outlined and will soon announce plans of what the Senate Republicans believe should be included in the third phase of legislation to confront the coronavirus. We are ready and eager to look at what Republicans put together and to work with them, but we believe that, whatever proposal emerges—and it will be bipartisan—it must be a workers-first proposal.

Workers first—that is our motto in what we are proposing. That means help for all workers: service workers, industry workers, factory workers, office tower workers, small business workers, gig workers, freelancers, bartenders, retail workers, airline attendants, and so many more.

We owe a great deal of gratitude to the working people of America, whether they be blue collar or white collar; whether they work in high office towers, on the farms, or in a local drug store; those who clean our buildings and streets; those who are still working to collect the garbage and keep the power on; and, of course, our healthcare workers, who are risking everything to keep the rest of us safe.

Workers first—that is the motto that I have and I believe Speaker PELOSI has, as well, as we Democrats seek input into the joint, bipartisan package that will be put together. Our goal is to make sure that no one—no worker, no family, no one—loses a paycheck or goes into financial ruin as a result of the coronavirus. That will take strong, bold, immediate action.

That is why we must work so quickly but carefully, as well, to put together a bipartisan package. I spoke with Secretary Mnuchin several times. I think he is of that view. I have heard that Leader MCCONNELL has said he will sit down with our Democratic Senators to come up with a bipartisan package. That is what we must do.

So let me outline a few of our priorities. First, if there is going to be a bailout of any sort of industry, worker priorities and worker protections must be included. Corporations should not get a bailout and then be allowed to fire employees or cut their salaries, cut their benefits.

The airline industry just spent billions and billions in stock buybacks in the last 2 years, liquidity that would come in handy at a time like this. If there is a bailout, there need to be conditions to make sure the interests of labor are given priority and that corporations can't buy back stock, reward executives, or lay off workers.

We cannot repeat the mistake that was made in 2008 when the big boys and the big girls benefited, and no one else did—workers first.

Second, phase 3 must include a massive infusion of resources for our healthcare system, for hospitals and medical supplies. America needs a Marshall Plan for public health and public health infrastructure. In the wake of World War II, America helped rebuild a continent. Right now, we need to rebuild our health infrastructure on a continental scale. We need a Marshall Plan for our healthcare system.

Without a massive commitment from this Congress, our healthcare system will not be able to handle this crisis. There are not enough workers, not enough supplies, not enough beds, not enough State and local funding. There is a major concern that, as this virus spreads, countless Americans will not be able to access or afford treatment if they get the coronavirus.

It goes from the very big—we need lots of ventilators—to the smaller. A hospital in New York told us that they didn't have enough nasal swabs to conduct the coronavirus test. Healthcare workers in Washington State are fashioning homemade masks out of vinyl, elastic, and double-sided tape. The need for ventilators, which will save the lives of those who are afflicted by the disease in a severe way, is desperate.

Yesterday, President Trump finally took our suggestion and invoked the Defense Production Act, but what is happening now? We don't know. Who is in charge? Which factories are being asked to make the ventilators, and which factories are being asked to do other things as well? We need that kind of information, but just as important as the information is the urgency of getting these things done.

Machines like ventilators can be the difference between life and death. According to one projection, it is possible that up to 960,000 Americans will need a ventilator during the coronavirus pandemic. Right now, only 160,000 are available, and only 12,700 are in stockpiles.

The President must direct a massive mobilization to ramp up ventilator production. He also must do so to acquire new hospital space. We will be short of beds, particularly ICU beds. The Army Corps must be involved in helping to build temporary hospitals that can take on the new burden. We are on the verge, unfortunately, if we don't act quickly, of repeating the heartbreaking collapse of the hospital capacity experienced in Italy. That must not be allowed to happen.

I was glad yesterday that President Trump heeded the call by Democrats on the Defense Production Act, but we need to go further. The President must make this an urgent responsibility.

We need a Marshall Plan for our healthcare system, and that also means getting new workers involved. We are going to be short doctors and nurses. We have to make sure those in the healthcare system can get to work. The New York subway system is still needed to carry them there, and in many other cities they depend on one form of mass transit or another.

The next legislation that we are putting together must include a historic commitment to supporting our healthcare system and our fellow Americans who get sick. We cannot get this wrong. The stakes are too high.

And third, phase 3 legislation must address the plight of workers and families struggling with the economic ramifications of the virus. Millions and millions of American workers have been laid off. They didn't do anything wrong—neither did the owner of their business—but there are no people coming into the restaurants and the stores and the shops. There may be no customers for businesses that provide services or goods. Storefronts are closed. The service industry is shedding jobs. Small businesses, small businesses owners who have devoted their lifetime to building their businesses are on the brink of collapse. The gears of American manufacturing are grinding to a halt. There are millions of American workers home at night, home during the day. They are doing the right thing, but now they have no income, no idea where the next paycheck will arrive or when they can return to work. We must step up to the plate immediately and help these suffering workers who don't have a paycheck and are worried about how they are going to pay the rent, the mortgage, buy the food, the necessities, the medicines they and their families need. Congress must help them.

We should enact a new form of unemployment insurance. We call it ''employment insurance.'' It is really unemployment insurance on steroids—assistance until these already employed Americans can get back to work. Existing unemployment insurance has a lot of failings. It doesn't cover enough people to meet this crisis. So many who work part time, who are gig workers, and for many other reasons are not covered by unemployment insurance—our new employment insurance must cover them all.

Second, the payments must be full. The payment should be equal or come as close to equaling as possible the salaries they got. Most people who get unemployment insurance don't get close to the percentage they need to live on.

And third, it must be quick and easy. In many States—some by design—it is very hard to get employment insurance. You have to go through the whole rigmarole. That must end.

Our new employment insurance—an unemployment insurance on steroids—must have full payment so lost salaries are totally made up for, it must be quick and easy to access, and it must be broad-based. Democrats will ask for that as one of our most important asks because that goes to the people who need help; that goes to the people who are not getting their salaries because they have been laid off or furloughed. That is the most immediate and quick thing to deal with the problem right at the level where it exists.

Another must for us is paid sick leave. Senators MURRAY and GILLIBRAND have important legislation on this issue and want to get this done.

And for small businesses, there must be liquidity. Many of these businesses are great businesses. They were doing fine until 2, 3 weeks ago, but no customers are coming in the door or calling on the phone. In addition to paying their workers through our employment insurance, we must see that these businesses have liquidity to pay their insurance bills, to pay their mortgages, to pay their problems, and deal with that so when, God willing—and I am confident it will happen—this crisis leaves us, they will be able to open their businesses stronger than ever before.

There are many other things we want to get done. Today, Senator WARREN, Senator MURRAY, Senator BROWN, and I are announcing a bill to cancel—cancel—student loan payments during the duration of the coronavirus and to provide a minimum of a $10,000 payoff for all student loan borrowers. This is a problem that has been going on for too long. It is exacerbated by the crisis. We have to help the students and those with big loans on their backs. That legislation—something like it—should be in phase 3 of legislation.

There are many other things that must be done. As we Senate Democrats a couple of days ago announced a $750 billion package—well, there are other things that are in there, and there may be other things that have to be added, but we have to look at this crisis in its totality and address it.

Some have proposed—I have heard this coming out of the administration and from some of my colleagues—an alternative to these policies: a one-time cash payment of $1,000. That might help families cover rent, groceries for a month, but then what? If we are going to do this kind of payment plan—first, it cannot be a substitute for the things I have mentioned. It must be in addition. I think there is a general, unanimous view on our side that should be the case.

But second, if we are going to do it, it has to be bigger, more generous, and more frequent than some that I have heard proposed from the other side. We all know that workers and families need assistance, and they are going to get it. Democrats want to get that assistance as quickly to the American people as possible, and I believe our Republican colleagues do as well. But those who want to limit that assistance to a one-time payment of around $1,000 given to everybody, for people who make $1 million and people who make $500 a week, that doesn't make sense.

The pandemic requires bold, structural changes to our society's safety net to give people a lifeline for months, not just weeks. It requires the kinds of things I have mentioned. If we are going to go this route, it has to be bigger, more generous, more frequent.

I have taken time to lay out these ideas on the floor because—thus far, at least—Senate Democrats have not been included in discussions with Senate Republicans about phase 3. Leader MCCONNELL is putting together his own plan. He is talking to his chairman and his Members, and then, he has said, he will present it to Senate Democrats or even House Democrats.

As I have said before, if we want to get this done quickly, the best way to do it is to have a four-corners negotiation: House and Senate, majority and minority. If we do it in each step, obviously—knowing how the Senate and the House work—it will take much longer. We have to move quickly.

Make no mistake about it, our entire caucus wants to work in a bipartisan way to get this done quickly. What we are prescribing are some of the things we think would do the most good.

In reference to that, we are living in a time of emergency. The typical legislative process takes too long and will not work. I believe all parties should be in the room from the get-go so that any final product can pass as swiftly as possible. We are all interested in coming together as quickly as we can. Time is of the essence. Let us come together, construct, and pass this bill as soon as we possibly can.

I yield the floor.

The PRESIDING OFFICER. The assistant Democratic leader.

CORONAVIRUS

Mr. DURBIN. Madam President, I come to the floor today to thank Speaker PELOSI, Leader SCHUMER, and all of my colleagues who help support the Families First Coronavirus Response Act. That measure was signed yesterday by President Trump. As I understand from Leader MCCONNELL, work is underway on a third coronavirus package in the form of an economic stimulus to provide more support to families, businesses, and to the healthcare community, including our hospitals.

This morning, I spoke to the Governor of Illinois—we have been speaking on almost a daily basis, sometimes almost several times a day—and asked him about the State of the situation in our home State of Illinois. Unfortunately, we are still desperate for testing kits. Illinois has about 5,000 more kits that were provided yesterday by a private company at the urging of our Governor, but we have never seen the number of test kits that we believe are necessary to measure the current state of this coronavirus in our home State of Illinois. The official count—and I might add that word ''official''—is that we have had 288 Illinoisans infected and 1 fatality. I believe that the number of infections in the official report grossly understates the exposure in my home State of Illinois. Once more tests are administered and we receive the results, I am afraid we are going to see a dramatic increase in that number of reported infections in the State.

One hundred and twenty-eight new cases were announced yesterday in our State. It is the largest single 1-day increase since we have been reporting. We have 2 additional counties that have now been touched out of the 102. We are now up to 17 counties with the infections. An additional 20 people at the DuPage County long-term care facility tested positive, bringing it to a total of 42—30 residents and 12 members of that staff—in that one facility.

Forty-one thousand unemployment insurance claims were filed in Illinois in the past 2 days. To put that in perspective, during the same 2 days last year, 4,445 were filed. That is roughly 10 times the number of unemployment claims that have been filed this year. As I mentioned, that is 10 times the level of the same 2-day period a year ago.

The Department of Labor reported this morning that 281,000 people filed unemployment insurance claims nationwide last week, and that number is likely to grow. Oak Park—just to the west of Chicago—is the first town in Illinois to issue a shelter-in-place order for residents, which will last until April 3. Mayor Lightfoot for the city of Chicago announced the city would temporarily suspend debt collection practices and nonsafety-related citations, as well as penalties for late payment.

I might add that we learned last night that two Members of the House of Representatives have tested positive for the virus: Representatives MARIO DIAZ-BALART of Florida and BEN MCADAMS of Utah. Both developed symptoms last Saturday, just hours after voting on the coronavirus response bill with hundreds of other Members.

I have joined with Senator ROB PORTMAN of Ohio in proposing that we take into consideration the fact that we have critically important work to do in the Senate, but gathering in groups, as we have done historically, poses a health risk not just to us as Members and our families but to the staff as well as their families, the staff in the Senate and their families. We ought to be more thoughtful in terms of our own families and the people who work in the U.S. Senate. Yes, do our job, but do it in a sensible and thoughtful way.

Senator PORTMAN and I are exploring possibilities for remote voting by Members of the Senate. Why is it required that we be physically present on the floor, closer to one another, than perhaps we should be at this moment during a public health crisis? Senator PORTMAN and I, on a bipartisan basis, are trying to find a way to achieve this goal and to still protect the integrity of the voting process in the U.S. Senate. Yes, it is new. Yes, it is different. Yes, it reflects the 21st century and reflects a challenge, the likes of which we have never seen. Tomorrow that challenge may be another public health crisis, some other national emergency, or maybe even a terrorist attack.

Shouldn't we be ready to make sure the Senate can still do its business if it is difficult, impossible, or not advised for Members of the Senate to come physically to the floor and announce their vote each time it is needed? We believe we should explore this on a bipartisan basis, and we are urging the leaders on both sides to look at it seriously at this moment.

I might add as well that Governor Pritzker spoke about the issues that they are facing and said to me, more than once, that we need Federal guidance as to what we should do in our State. I want to salute him and the other Governors who are doing the best they can in drawing their own public health conclusions based on the advice they have received.

I would think we need to be sensitive to the reality of the hospitals that are facing real challenges today that are likely to increase. What we have seen over the past few weeks from our healthcare workers on the frontline is nothing short of heroic. The nurses, the doctors, the technicians, the lab experts have done work above and beyond their call of duty that we hope for in these times of challenging crisis. I commend every hospital employee for their selflessness and quality work.

What I am hearing from Illinois health officials is that hospitals are being stretched to the absolute limit. One hospital executive in central Illinois told me that his cashflow runs out in a matter of weeks and his hospital may be forced to close. In downtown Chicago, our academic medical centers have activated emergency protocol and are burning through protective masks, respirators, and other equipment.

As of Tuesday, three-fourths of the 2,600 intensive care beds in Illinois were already occupied, and 40 percent of our 2,100 ventilators were being deployed.

For the next package that we are considering here—CV–3 or phase 3, however you characterize it—Congress must step in with direct, immediate assistance to recognize the extreme financial burden and equipment shortfalls of hospitals and healthcare workers. This has to be priority No. 1, period.

Prior to this coronavirus challenge, one in four rural hospitals across America were already facing closure. If a rural hospital closes in your home State—whether it is Nebraska or Kansas or Ohio or Illinois—jobs will leave, businesses close, and the community's healthcare needs are in peril. As part of the measure that we are presently considering—this phase 3 or CV–3 measure—Senator JAMES LANKFORD of Oklahoma, a Republican, and I are calling for inclusion of our rural hospital relief act, which will provide immediate relief to the most financially vulnerable rural hospitals. These hospitals are the backbones of our health system in rural America.

As we know, as well, many people soon may lose their jobs, if they haven't already, because of this pandemic. In so many cases, losing your job means losing your health insurance. That is why I am working to ensure individuals who lose their job as a result of this coronavirus do not also lose their healthcare. Under current law, COBRA coverage allows individuals to remain on their employer-sponsored health insurance plan after they lose their jobs and otherwise become ineligible. There is a basic problem with COBRA. It costs too much and the employee—now severed from their work—has to pay 100 percent of the premiums with no employer contributions. Many people just can't afford it.

I think it is imperative that Congress step up and offer Federal funding to cover the costs of COBRA coverage for individuals who lose their jobs as a result of this pandemic. Loss of a job is bad enough. We can't also sit by while millions of people lose their health insurance.

Democrats are working on a robust funding package to help our U.S. military defend our country against this pandemic. It includes substantial increases in the capacity of military healthcare that will benefit the troops, their families, retirees, and members of the public. We need more resources to provide the National Guard with the means to tackle this crisis. As of Wednesday, nearly 2,000 Guardsmen are active in 54 States and territories. The number grows each day. The women and men of the National Guard are working hard, distributing meals, transporting medical professionals, assisting with planning, and much more. Our States are paying for this emergency mission work out of their own pockets. This is a national emergency. States need Federal assistance as the role of the Guard is likely to grow.

Some may be surprised there are just over 4,000 beds in the entire military medical system. Some projections say we will need triple that number, and I want to make sure that the funding is there if, God forbid, we need it.

We also need to take immediate action to address the threat COVID–19 poses to inmates and staff in our Federal prison system. Just yesterday, two Federal Bureau of Prison staff tested positive for COVID–19. It is only a matter of time until the virus begins to spread within these correction facilities, if it hasn't already. Despite this threat, the Trump administration has not requested any additional funding for the Bureau of Prisons to prepare for overtime costs. We need to make sure our Federal, State, and local prisons and jails have access to the supplies and personnel and resources they need. We need to do everything we can to safely release or transfer as many inmates as possible to home confinement, particularly those vulnerable and elderly.

Our economy is being ravaged by this public health epidemic. The Department of Labor reported this morning that more than 281,000 people applied for jobless benefits last week, a 33-percent increase from the previous week. Similar grim news has come out of Illinois that has seen unemployment claims skyrocket, as I mentioned earlier. These figures show us how serious this is for working families, underscoring the importance to move quickly and boldly.

Congress must immediately take steps to ensure State unemployment trust fund accounts have more resources to get the benefits to those who need them. This morning, my Governor alerted me to the fact that there is a cashflow problem because of these claims being made on the unemployment benefits account. Nationwide, small businesses and retailers are closing their doors—some, we hope, only temporarily. Restaurants are moving to take-out only or closing up their shops altogether.

This morning, I had a webinar with Chicagoland Chamber of Commerce. We expected about 100 people to participate, and over 500 did. Small businesses across America are very conscious of the threats to their continuing business by this public health crisis. This is going to be a significant hit for a lot of small businesses. We have to be there to help them.

I support a proposal that also is being led by my Senate colleagues, Senators BROWN BENNET, and BOOKER, to request that direct cash assistance beginning at $2,000 be sent to American families in need. This will be a crucial lifeline, but it alone can't help these families navigate the crisis.

I support what Senator SCHUMER said earlier about strengthening unemployment insurance for these same families. A second wave of assistance is likely to go out. I support that as well.

I don't believe this is a short-lived crisis. We have to see it through and stand by the workers and their families all the way.

In past times of economic crisis, we have seen an increase in chapter 11 bankruptcy filings by businesses. Too often, these businesses have been able to manipulate the bankruptcy process to favor creditors and management while leaving the workers high and dry. We cannot let this happen again. For more than 10 years, I have had a bill to reform chapter 11 to improve outcomes for workers and retirees, most importantly, by doubling to $20,000 the value of worker wage claims that are entitled to priority payment in bankruptcy.

Let's get that reform done as part of the challenge of this crisis. Let's make helping workers the highest priority when it comes to business bankruptcy.

We also need to make clear that companies that take Federal bailout money can't turn around and use chapter 11 to try to get rid of their collective bargaining agreements with their workforce. My legislation would prevent this type of gaming. We need to get that done as well.

If Congress is going to consider changes to make the bankruptcy process simpler and less painful for businesses, we ought to do the same for workers and families. That includes Americans who are currently being crushed by student loan debt and face their own economic recession even before this one. If we are talking about relieving debts that businesses and individuals cannot pay, for goodness' sake, how can we ignore the crushing student loan debt across America, which compromises the futures of the thousands of Americans? We need to take steps to forgive student debt, like for students who were defrauded by for-profit colleges—a measure we continue to fight Secretary DeVos over—and we need to restore dischargeability in bankruptcy for student loans once and for all.

In short, bold policy ideas to help families during this time are not exclusive to either political party. I look forward, as we have in the first two measures, to a bipartisan effort and a timely effort to respond. America is counting on us. Now is the time for us to produce.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

REMOTE VOTING

Mr. PORTMAN. Madam President, I appreciate my colleague from South Dakota giving me a minute to respond to the comments of the Senator from Illinois about remote voting. I appreciate his joining me today on a bipartisan resolution to say that, during times of emergency and crisis, the U.S. Senate would be able to vote remotely in a secure manner. I think it is time for us to turn to this.

I actually supported such legislation back in the House when I was there almost two decades ago. At the time, we didn't have, frankly, the electronic communications we have today to be able to safely vote remotely; now we do. We have the ability to do it in a secure way, in an encrypted way—a way that would protect the fundamental right to vote. I think it is important that we move forward with this.

It is something that would be up to the majority leader and the minority leader to jointly agree upon. Once they agreed upon that, there would be 30 days. After 30 days, Congress would have the vote—the Senate would have the vote to continue it.

I think—not just because of COVID–19, where we have an obvious problem right now but the threat of terrorism, bioterrorism—these sorts of issues, unfortunately, are part of our 21st century life. We have to be aware of the fact that this is possible.

It is important to me and I think all my colleagues that article I be heard; that the legislative branch be heard; that we have the ability to convene for the continuity of government and not allow what we would normally do, which is perhaps to shift over to article II—to the executive branch—or not to be addressed at all.

I thank my colleague from South Dakota. I thank Senator DURBIN from Illinois for working with me on this project. My hope is we can see a change in our Senate rules coming out of this process so that we can have the ability to do our constitutional duties regardless of what is happening with regard to the National Capital or the crisis we are currently facing with COVID–19.

I yield back my time.

The PRESIDING OFFICER. The majority whip.

CORONAVIRUS

Mr. THUNE. Madam President, yesterday the Senate passed the Families First Coronavirus Response Act, which is bipartisan legislation that will provide critical relief to American workers, families, and small businesses.

Two weeks ago, the Senate passed the first phase of Congress's COVID–19 response, and that was $8.3 billion in funding for coronavirus research, testing, and medical care. Yesterday's bill was the second phase of that response. The Families First Coronavirus Response Act will ensure that all Americans can access coronavirus testing at no cost.

The bill also ensures expanded telehealth access for Medicare recipients during this outbreak, which I strongly support. As a resident of a rural State, I have long been a supporter of telehealth for the expanded healthcare access it can deliver for rural communities. The value of telehealth isn't limited to rural States. During an outbreak like this, for example, telehealth services can help keep patients—particularly vulnerable, elderly patients—out of doctors' offices and hospital waiting rooms. Patients can use a phone call or the internet to check in with their doctors for minor complaints or medication followups, instead of having to venture out and be exposed to possible coronavirus infection. I am very pleased that Medicare patients will have greater access to telehealth services during this outbreak.

The largest part of the Families First Coronavirus Response Act focuses on providing economic support for families during this difficult time. The bill makes provisions for paid sick leave and paid family and medical leave for American workers, particularly for those who might not otherwise have access to these benefits. It also invests additional money in unemployment insurance where benefits are available for those who need them.

I am pleased we were able to pass this bipartisan bill that the House produced, but there is more work to be done. The House bill touches on only a small part of what is needed to help Americans weather the storm, which is why Senate Republicans are currently working to develop the third phase of Congress's response.

Our legislation will address three priorities: providing direct, immediate assistance to American workers and families; giving our economy, especially our small businesses, the necessary support to weather the storm; and, of course, most importantly, providing medical professionals with the resources they need to fight this virus.

I have been working closely with colleagues on the Senate Commerce and Finance Committees to develop the parts of the legislation that will address tax relief, particularly for small businesses, and support for industries that have been directly impacted by this pandemic, including the airline industry, which has taken a devastating hit from this outbreak.

The Senate will be here as long as it takes to get this additional legislation to the President's desk.

These are difficult days. This is new territory for most of us, and there is a lot of uncertainty in the air. Americans are worried about their own health and that of their loved ones. They are worried about what this outbreak will mean for their jobs and their financial health. It is a difficult time for our country. We are going to get through this.

America has faced big challenges before, and we have come through them even stronger. This time will be no different. I see the strength of America everywhere I look—in the dedicated doctors and nurses putting their lives on the line to care for the sick and our first responders who are always at the forefront of the response to any crisis and the truckdrivers and grocery store employees and delivery workers who keep on doing their jobs in the face of the outbreak, ensuring all of us have the essentials we need. It is also in the thousands of ordinary Americans who are stepping up to help their neighbors—running to the grocery stores for elderly or sick individuals, providing childcare for those who can't telework, and looking out for those who are struggling financially. This is what will get us through.

I and my colleagues in Congress will continue to do our part to ensure that our country has everything it needs to weather this crisis and to defeat this disease.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

CORONAVIRUS

Mr. CORNYN. Madam President, over the last few weeks, given the nature of this unprecedented virus, Members of Congress have been able to come together during divided times to support our country's response.

First, we passed an emergency funding bill to bolster our response in the critical early stages of community spread. Since it was signed into law nearly 2 weeks ago, it has provided funding for the personal protective equipment our healthcare professionals rely on and has supported our community health centers and State and local health departments. It has also bolstered our resources in the race to develop a vaccine, possible treatments, and more tests. It has been a strong start, but we have known all along that it would just be the first step. As the scope of this virus continues to grow and challenge our country in new ways, we are working as quickly as possible to respond in realtime.

As we know, more and more Americans are staying home and practicing a new term, a new phrase—social distancing. It is one that I really had not heard of before this virus. While that is a sign of progress in our fight to slow the spread of the coronavirus, it is handicapping millions of businesses and workers. As travel plans are abandoned, as public events are canceled, and as restaurants and shops are closing their doors or scaling back their operations, many people are losing their jobs and their livelihoods.

A recent poll found that nearly one in five American households has experienced a layoff or reduced work hours, and those who work in the service or hospitality industry are particularly hard hit. Think about the waiter at your favorite local restaurant, the person who cuts your hair, the individual who sweeps the aisles after a basketball game, the housekeeper who cleans rooms at a hotel. They are among the millions of workers across the country who are trying to survive this new reality.

Here in the Senate, we are working as quickly as possible to support them. Yesterday, we passed a bill to help individuals and families who face economic fallout from this outbreak. We improved paid sick leave for those who have been impacted by the coronavirus, and we have strengthened our food security for Americans of all ages. We also made coronavirus testing free for all Americans. No one should be afraid to get tested because of the cost.

For all of the benefits this legislation will deliver, it will not address every problem. We knew that it would just be the second step in a journey of undetermined length. Yet, rather than holding that bill up and doing nothing, in order to include additional measures we would like to see, we worked as quickly as possible to put that second phase into action, and we then moved on to phase 3.

In building on the first two steps we have taken, it is time to make bold moves to support our economy. We need to be sure it can survive this pandemic in the short term and thrive in the long term. The American people are resilient. We have been through national disasters, like 9/11 and the huge economic meltdown and great recession of 2008, but in my experience, we have never had anything quite like the coronavirus pandemic. Yet the American people have always maintained their good attitudes and worked through these crises and have come out stronger and better in the end.

As I mentioned, the shift in our daily routines is having a serious impact on the businesses we are used to supporting every day in our local communities. Sadly, those small businesses that employ about half of all U.S. workers are among the hardest hit. Here is the thing. They bear no responsibility for the economic conditions they find themselves in. This is something totally beyond our control.

The restaurants, the hardware stores, the salons, the gyms, and the countless other small businesses that are operated by our neighbors are facing tough decisions. Over the last couple of days, I have talked about a number of my constituents, fellow Texans, who are experiencing hardship—one whose revenue is down about 60 percent, one who is rotating her employees so each can at least get some work, and one who is terrified that this could sink the business he has worked on for 25 years.

As we continue working on this third phase of the coronavirus response and recovery, my top priority is to support these small business owners and their employees, who have been left with no way to collect paychecks, no way to provide for their families, and no way to provide for the necessities of life.

Yesterday, Senate Republicans met with Treasury Secretary Mnuchin and discussed wide-ranging proposals to provide relief to workers and small businesses. There is one thing we all agreed on. We need to take immediate action to put money directly into the hands of these displaced workers. Work opportunities may be disappearing for some workers, but the expenses don't go away. People need money to buy groceries, to pay their bills, and to stay afloat until things normalize.

There are ongoing discussions about the most efficient and most effective way to get money into the hands of those who have been the most negatively impacted, but I want to assure all Texans we are working as quickly as possible to find the best solution. The centerpiece of the phase 3 deal will be that of direct aid to American workers who have been displaced, but it must also include additional actions to protect the integrity of our healthcare system. As more and more people are being tested and diagnosed, our hospitals and healthcare providers are needing additional support so they can continue to serve patients. We are working to get our healthcare providers the resources and equipment they need so they can continue fighting this virus on the frontlines.

I thank the majority leader, Senator MCCONNELL, for publicly committing to keep the Senate here in session until we pass legislation that meets these high demands—a decision that I fully support.

While the Senate's work continues, I know many Americans are feeling some helplessness and uncertainty at a time when the best thing you can do may be to just stay home. While older Americans face a higher risk if they come into contact with the virus, every one of us has a role we can play in beating this virus.

I reiterate remarks made earlier this week by Dr. Deborah Birx, who is coordinating the White House Coronavirus Task Force. She continues to stress the importance of millennials—one of the largest generation cohorts—in saying that this is the core group who will stop this virus.

We all know young people feel bulletproof and that their lives will be eternal. Many a time, they don't understand that they are just as mortal as the rest of us. Because these younger individuals are at a lower risk of contracting the virus, they think it is fine to continue with their normal routines as long as they aren't experiencing symptoms. Yet, if they are infected, they can still transmit the virus to others, especially to the older, more vulnerable people in their communities.

Dr. Birx has pointed out that we often talk about the ''greatest generation,'' which is the World War II generation—people like my mom and dad and those who answered the call to serve and fought for our freedoms. Yet now is the time for the younger generation, the millennials, to answer a different call and take the necessary precautions to protect that ''greatest generation,'' which is among the most vulnerable.

I am proud of the fact that, when Texas faces a crisis, whether it be hurricanes or tornadoes that have devastated our State in recent years, Texans come together and support one another. The truth is, this is also how I would describe Americans when they react to an attack, whether it be 9/11, the great recession of 2008, or now this coronavirus.

This is not a time for us to engage in business as usual. This is a time for us to come together in a new and very important but different way. Stay home, and take this seriously. We will get through this together.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. YOUNG). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

CORONAVIRUS

Mr. BLUNT. Mr. President, the response to the coronavirus has made it clear that there are lots of things that

are the responsibility of individuals, things like staying at home if you are sick—frankly, staying home if you are more likely than others to be sick—and practicing the kinds of hygiene our mothers taught us we should follow all along. Personally, I may have set a new personal record for just washing my hands in the last 2 weeks. I have never been averse to washing my hands, but I don't know that I have ever washed them half a dozen times a day or more before. Those kinds of things are left up to us.

Then there are things that are left up to the local level, things like determining in a local community whether things should be open or not and what kinds of activities should be the activities where you draw the lines in terms of crowds. That is more likely to be better decided at a local level by even a State or, more likely, by a mayor or a county executive than by somebody here in Washington.

Then at the national level, we are moving toward our third package now in the last few days to try to deal with this. The first package was about $8 billion, which was really focused on the immediate health response—supplies, developing a vaccine, trying to figure out what the right therapies were, understanding the things we needed to do to further help hospitals get ready and to further encourage people to go places other than hospitals when that worked. All of those things were part of that first package.

The package we sent to the President that the President signed last night was about $100 billion. By almost any standard, it is a huge amount of money to put together in just a short period of time. That $100 billion, while it continued to work on the healthcare side, was also very focused on just keeping people on a payroll if they are on a payroll. That $100 billion focused to a great extent on how you keep people who have decided they need to be quarantined or who were in quarantine by a doctor or by a business that, in fact, was quarantined because it was closed—keeping those people on that payroll and continuing to keep that part of our economy going.

Today, we move to the third package, which is $1 trillion—$8 billion, $100 billion, now $1 trillion. That $1 trillion is designed to continue to do all the other things that I talked about but also designed to keep this economy at a point where, when we get through this, we will be as nearly to where we would have been otherwise if at all possible.

You know, interestingly, here we are going into a situation where we are trying to protect an economy that didn't have any systemic problems with it. It was an economy that was by all measures unbelievably good, and then suddenly people are encouraged—sometimes required—to back away from that economy and to cease participating in lots of that economy, partly because we have encouraged part of that economy to cease being part of the active economy.

What do we do there? This is going to be a different kind of response, more focused in many cases. Where, in the past, people have said ''We need more of your money,'' many of the requests are ''We just need to have access to more money that we can easily pay back when we get through this. We are willing to have securitized loans. We are willing to have lots of things,'' figuring out how to deal with that liquidity issue.

Then there are some things we need to put in this package that simply the government is going to have to look at in ways we haven't looked at before. I want to spend a few minutes talking about one of those things today, which, just frankly, is securing our medical supply chain.

In the past, the idea that we would worry about the supply chain would not have been at the top of the list of the things the American people would be thinking needed to be on the first list they needed to look at when they think about public health, but what we see happening now is a direct reminder that the medical supplies we use can come from all over the world.

In a pandemic, everybody in the world may think they need what you think you would have received and expected to get more than they think they should send it to you.

We depend on manufacturers in other countries. Approximately 40 percent of the finished drugs and 80 percent of the active pharmaceutical ingredients are manufactured overseas—primarily in China and India. The ongoing global coronavirus outbreak has really highlighted for the first time in today's supply chain what happens if you might not be able to get what you need when you need it. It is also a spotlight on our supply chain challenges generally. I think that, as a result of this, we are going to look at that sooner than we would have, but right now, in this bill, I am hoping we include an immediate look because we have quickly gone through a series of warning signs now that make us understand why we need to look at this and look at it now.

On February 27, the Food and Drug Administration announced the first coronavirus-related drug shortage—February 27. On March 10, the FDA halted its routine overseas inspections of drugs and devices. Last week, State health departments and the Centers for Disease Control and Prevention raised concerns about the looming shortage of coronavirus extraction kit reagents needed to actually conduct the diagnostic test, not to mention some concerns about the swab you might need, in some cases, to take just the normal flu exam.

It is more and more clear that protecting our Nation's medical supply chain is both a priority for public health and for national security.

Obviously, the supply chain has become more and more global. Economic efficiency makes sense, and being more competitive makes sense. It is fine to buy things from other countries, but it is better if you have multiple options. It is better if you have other options, including domestic production. That is especially true when it comes to vital things, like medical devices, medical supplies, pharmaceuticals, or the products we need for public health and safety.

We see how this is a problem. It is a problem that has sort of come upon us in this pandemic environment in a way that we had not thought we would have to deal with before, but we do have to deal with it. We are hoping, with this bill, this is one of the places we can deal with it.

You know, in our supply chain, generally, if you are making something and it takes 300 parts and you have 299 of them, you are in really good shape, except you can't make what you hope to make because you don't have that one essential 300th part. If you are relying on factories in China or South Korea or some other place that have shut down temporarily, suddenly your factory has become too dependent on a partner that is no longer there.

So a bipartisan group of Senators—including myself and Senator ALEXANDER and Senator DURBIN and Senator MURRAY—has written legislation to figure out how to assess our vulnerability in the global supply chain for medical supplies. We want the National Academy of Sciences, Engineering, and Medicine to look at this issue and to look at it now, to look at this issue and determine how dependent we have really become on supplies from other countries and then to make recommendations as to what some of our options might be. We would also like to hear their views on how they can make our supply chain more resilient for critical drugs and equipment; what kind of backup plan we need to always be thinking about if our frontline plan continues to be that other partner in another country; what our quick, go-to backup is and how essential it is that we have that backup. That would include asking how we can encourage domestic manufacturers of some things to be able to step up and reorient what they do when they need it and in a crisis.

The President, to some extent, addressed this idea yesterday by talking about a defense manufacturing strategy. That defense manufacturing strategy may need to be more robust in some areas. Whether it is component parts to a medical device or pharmaceutical ingredients or simply the gloves and masks and swab sticks and things that you need for basic healthcare when you are trying to determine what your healthcare environment is and then deal with it, we need to look at it.

One example may be just, again, the daily dependence on the daily protective equipment that our healthcare providers have. We are interested to know what we need to do over the next 60 to 90 days and what we need to do

over the next 2 or 3 years. That is what we are going to be asking this commission to look at, and we want it to look at it quickly.

This is a priority. It has become an immediate priority. We need to know, as we now look at another one of these in a series of epidemics where this has been a concern; whether it is Ebola or swine flu, or bird flu or Zika or SARS, we have had too many of these in too short a period of time. And during that same period of time, the globalization of the supply chain has dramatically changed.

So as we prepare for future hazards, we want to ensure that a supply chain is in place to allow us to provide the kind of healthcare we need, the kind of response we need, and the kind of protection we need. This should be part of the bill we send to the President, hopefully, between now and no later than the end of next week. It is one of the things that will begin to move us in a better direction and create greater security—greater health security—as we look at our other security concerns.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

CORONAVIRUS

Mr. KAINE. Mr. President, like my colleague from Missouri, I also rise to address the Nation's response to the COVID–19 virus. In particular, I want to discuss the next steps we need to take at the Federal level to deal with this health emergency and the severe economic dislocation resulting from it.

Before I offer my comments, I want to offer some thanks. I want to thank the Senate staff and all those in the Capitol who are working here under tough circumstances.

I notice that the pages are not here, and that is because the Senate has wisely decided that, while we ought to be here doing the people's business, even at some risk to ourselves, the young people who would normally be here should be home with their families.

I want to thank healthcare workers all across the United States. They are doing very difficult work right now, and they are doing it under very stressful circumstances. So many people who work at our healthcare facilities are there trying to protect patients. They have kids in schools that have been closed, and they are grappling with where their own children are during the day and whether they can find childcare during what would normally be the school day. I particularly want to thank them.

Finally, I want to thank the American public. I will return to this point at the end of my comments.

We are not an authoritarian nation. There are steps that other nations are taking with respect to this virus, where they can sort of order or quarantine in ways that we can't here. What we do here depends upon the consent of the governed, and the guidelines about social distancing, for example, require some significant sacrifice. Overwhelmingly, I see Americans taking steps to make that sacrifice, and I want to thank them.

I applaud the bipartisan work that Congress has done with the White House in the past 2 weeks to pass two important laws. We passed the supplemental appropriations bill, providing more than $8 billion to invest in our public health response with resources for States, territories, and Tribes, investments in vaccine development and testing, and other key health priorities.

Just yesterday, the Senate passed the second piece of legislation to provide emergency relief for workers and their families: paid sick leave, extended unemployment insurance, and other measures. But we still have so much more to do, and I am going to be very candid about this.

I offer these thoughts as a former mayor and Governor who has overseen significant emergency response efforts in my city and in my State: hurricanes, floods, mass shootings, the H1N1 epidemic, and the economic collapse of 2008 and 2009. While those give me a perspective on what must be done, I have to acknowledge that the current challenge is a massive one, arguably bigger than any I have seen in my life. Because it is so big, it will require unusual degrees of innovation and cooperation, and the need for that innovation and cooperation is urgent.

I got off a phone call this morning—and I am sure all 100 of my colleagues are making calls like this. I got on the phone with my fellow Virginia Senator, Mr. WARNER, to talk to Virginia's hospitals. Now, Virginia is a State that, economically, is pretty well off. It generally tends to have top-quarter per-capita income for a significant metropolitan area, but the stories from my hospitals were just, frankly, shocking.

They can't get tests to test patients who are presenting with symptoms of COVID–19. If they have tests, they don't have the swabs to administer the test or they don't have some of the chemical components needed so that once a swab is taken, they can run the test to determine whether somebody has the virus or not.

They don't have masks. Hospitals were telling me that masks, which they would normally buy for about $1 apiece, are now being charged at $9 apiece with severely limited quantities.

Major hospitals in a major metropolitan area like Northern Virginia, on the testing front—one of my hospitals said they got enough tests from their main supplier to test 40 people. That lasted for about 2 days. And when they said ''We need more tests,'' the supplier said ''Well, look, we only have so much that we can distribute. That is all you get.''

When I heard this story, one after the next—and I know I live in a nation with not only the best healthcare providers but the best healthcare institutions in the world—I had to ask myself: Where am I? Is this the United States of America, where a hospital treating people on a global pandemic cannot get a mask, cannot get a swab, cannot get a test? Why are nations like South Korea and Australia and the United Kingdom so much more able to do things this country should be able to do?

I don't think we should become normalized or just accept that. I think this is so profound a question about why this Nation, with the best healthcare providers and the best healthcare institutions in the world, is so far behind other nations. So let me offer these recommendations—blunt recommendations—for the road ahead.

First, in the words of the Hippocratic Oath, do no harm. The administration lost 6 to 8 weeks in responding to this crisis—critical time that was used productively by other nations—because the President continually downplayed the threat of COVID–19.

No American has a louder microphone than he does, and again and again he downplayed the threat, suggested it was contained, suggested everyone would be tested, suggested it was a hoax, and suggested the Democrats or the Chinese or the media were blowing it out of proportion. Whether his comments were due to ignorance or a political desire to hide bad news is irrelevant.

I was shocked that the President submitted a budget to Congress on February 10, when the virus's global spread was clear to all, that dramatically cut funding for key public health agencies—the NIH, CDC, HHS—and our investments in global partnerships like the World Health Organization. The White House foolishly eliminated the global health security team at the National Security Council that was set up after the Ebola crisis to practically deal with pandemics like COVID–19.

I remain stunned—stunned—that the President's lawyers are still in court all over this country attempting to repeal the Affordable Care Act to take healthcare away from millions of Americans. There is never a good time—never—to take an ax to the public health infrastructure and scheme to take away people's health insurance, but there is surely no worse time to do it—to take an ax to the public health infrastructure and take away people's health insurance—than during a global pandemic.

So my recommendations here are pretty simple. Quit lying and downplaying the threat. Let the trusted scientists and public health leaders in your administration take center stage.

In recent days, the President seems to have adopted this approach, thank goodness, and it is long overdue. Congress should ignore the President's budget that urged foolish cuts to our public health infrastructure, and the

administration should cease efforts to dismantle the Affordable Care Act.

One more thing: Quit the inflammatory China-bashing. Did this virus originate in China? Yes. But, Mr. President, that does not excuse your weeks and weeks of tweeting lies and misinformation about the virus, while the leaders of other nations were taking steps to make sure their populations could be safe.

The fact that the virus originated in China does not excuse the massive missteps that have led to the United States being so far behind other nations in the world in the ability to provide testing—basic testing—to citizens, including citizens who have serious signs of illness. The President's decision to call this the China virus or Wuhan virus or other epithets that he and members of his team have used are a crass effort to deflect blame away from the acceptance of responsibility that a President should have.

The buck stops with you, Mr. President. You cannot blame this on anyone else. You have to own responsibility. You should stop inflammatory China-bashing that is exposing Asian Americans in this country to prejudice.

The second thing we need to do is continue to focus, first and foremost, on managing the public health crisis presented by COVID–19. The economic dislocation is significant. We are working on a package with respect to that now. I am going to talk about it in a minute, but no economic intervention will work if the American public continues to lack confidence in our public health response. And a strong public health response that will effectively manage the spread of this virus and coordinate medical care for those affected will be the single best strategy for enabling the economy to get back on track.

To accomplish this public health goal, we need to have strong policy at the Federal level to make—continue to make—science-based recommendations on the extent and timing of social distancing guidelines.

We need to overcome the shockingly poor start to testing Americans for the virus. Testing helps us flatten the curve of the infection so that our health system is not overwhelmed, and it also helps reduce anxiety by giving people information about their status so they know what to do.

Americans are used to being tested. If we feel ill, we go to a doctor. We get a test to see if we have a flu. We get a test to see if we have pneumonia. We get our children tested to see if they have strep throat. We are used to this, and when we see it happening around the globe, and when we hear the President and Vice President say that everybody will get tested, but when people call their healthcare providers and are told that there are no tests or see drive-thru testing sites, such as ones we had in Hampton Roads, shut down after a day and a half because they ran out of tests, it tremendously raises their anxiety.

We need to continue the good work that is already being done to accelerate the development of a safe and effective vaccine. We need to make sure that our hospitals and healthcare providers have the resources they need to treat sick people and protect their frontline health workers.

Finally, this is looking down the road a bit, but I think it is important that we think about it now. Policymakers should try to develop the science-based criteria that will enable them to confidently tell Americans when it is time to return to normal social and economic activity. I remember President Bush doing that at some point after 9/11. He said: It is now safe. It is time for Americans to go back to normal, everyday activity. A strong signal of that type, when it is warranted by science, will be critical—critical—to our recovery. That day may be weeks or months away, but developing the criteria that we can agree on that should be the signal for a return to relevant normalcy is something we should all be working on right now.

Third, we should make full use of State and local governments. Polling shows that Americans are skeptical about what they hear about this virus from President Trump and, indeed, Washington. But the same poll shows that they do have trust in how State and local officials are handling this crisis. Use the network of State and local officials to communicate clear messages. Continuously seek their input on how their schools, hospitals, nursing homes, and local economies are affected. That is what I am doing every day, and I suspect every Member of the Senate is doing the same thing—conference calls with leaders around my State to make sure that we are doing the things that are most helpful. And we should reality test any legislation, especially an economic package, with these leaders to make sure it is responsive to the real needs they are seeing on the ground.

Fourth, Congress needs to move promptly to pass this strong economic package, backstopping the American economy from being ravaged by COVID–19.

In 2008, structural issues like the accumulation of debt, bad public policy leaving huge swaths of economic transactions unregulated, and predatory mortgage practices helped bring down not only the American but the global financial system.

Today, the American economy has been performing relatively well, and it now labors under a severe healthcare shock. There is reason to believe that, once we get the healthcare strategy right, we will be poised for the economy to resume its upward trajectory. But we must provide protection and support in the meantime.

I believe that the focus of an economic package should be workers and small businesses. They are the most vulnerable to the current challenge and most in need of intervention.

This is the message that I am hearing again and again as I talk to Virginia residents and business leaders. I had a wonderful conversation with the president of my statewide chamber of commerce the other day, and he said candidly: Look, more of our members are actually medium and large businesses, but the most important thing you can do is focus on the needs of small businesses and their employees.

I appreciated that he was advocating even for a business sector that isn't the core of his membership, but this is what he was hearing and what I think most of us are hearing.

I support direct cash payments to low- and middle-income Americans and their dependents to help them through this crisis, and it is nice to hear there may be some agreement on that. I support strategies to provide grants and loans to small businesses, particularly if they use those resources to keep employees on the payroll. I hope direct support to individuals and small businesses will be the heart of the economic package that the Senate, the White House, and the House put together.

Now, for the larger businesses and industry sectors who need Federal help, we have to stand ready to assist, but if we are to invest in these businesses yet again, a few years after providing them with massive and—in my view—unnecessary tax breaks, we must not simply rescue them but demand that they reform, and our investments must be designed to keep workers on payrolls to the maximum extent possible.

The Business Roundtable, an influential voice for the business community, said last year that businesses need to expand their priorities beyond shareholder concerns and invest in employees by compensating them fairly, providing important benefits, and supporting communities they work in. I couldn't agree more. These businesses employ many Americans and deliver us important goods and services, but if American taxpayers are stepping in to cover their losses, I think it is fair to expect and, indeed, require that these businesses channel the benefits toward people who are on their payroll, who work for wages and salaries, not those who live off investment income.

I will do all I can in the coming days to help shape our economic package to make it responsive to these goals.

Fifth—and in this I echo some of the comments made by my colleague from Missouri—the crisis does raise long-term questions that must be addressed going forward. We have to have real discussions about the virtues and disadvantages of global interconnectedness. Better travel leads to economic growth and a better understanding of the world, and it also facilitates the spread of viruses. Instantaneous global communication networks are an economic plus but increase vulnerability to cyber attack.

How do we increase American resilience to these threats without inhibiting our economic prospects? There

are elements of our supply chains—pharmaceuticals and medical products and supplies in particular—that must be viewed through a national security lens and progressively brought back to this country to enhance safety and an adequate supply of supplies in times like this.

A second long-term question that has been raised for years by my Virginia colleague Senator WARNER deals with the new reality of how Americans work. Many of the people most affected by this shock would be part-time and gig workers. The safety-net mechanisms that our policies provide for full-time workers who get a W–2 every year are not as available to the increasing percentage of the American workforce who are in multiple part-time jobs without benefits or who work as independent contractors or are otherwise self-employed.

In addition to making sure that the economic relief package provides assistance to this large group of Americans, we have to examine our workforce policies so that these workers also have a social safety net to fall back on during times of crisis.

Finally, every American needs to do their part to confront this crisis. The best way to slow the spread of COVID–19 and minimize its impact to individuals, to our healthcare system, and to our economy is to adhere to science-based social distancing and personal hygiene recommendations in our everyday lives.

Because America is not an authoritarian nation, there are some options used by other nations that will not likely be used here. Our public health measures will depend upon the cooperation and adherence of every single person. Sacrifice is hard, but a modest sacrifice in the near term can help save the lives of people we love.

So I implore every Virginian and every American to follow the recommendations we get from our public health officials and find ways to safely reach out and connect with friends and family during this challenging time.

To my colleagues: We must rise to meet this challenge. This is one of the moments for which we were destined to be in the Senate. The people we serve are relying on us to calmly and promptly address a grave health crisis with the tools needed to keep families safe and protect the American economy. It is a serious responsibility. May we all live up to it.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

SECURING AMERICA'S MEDICINE CABINET

Mrs. BLACKBURN. Mr. President, we are continuing to roll out our response to the coronavirus and to this pandemic, and I want to encourage my colleagues to begin to think about how we move past this immediate crisis that we are in and begin to look toward what is going to happen in the future with our supply chains and our healthcare delivery systems.

As we talk about the problems that are before us today, let us not forget that 3 months from now, 6 months from now, a year from now, we need to be looking at today and say: Here were the lessons learned, and these are the steps that we have taken to make certain that it doesn't happen again.

What we have learned and what many Americans know is something that some of us started working on a couple of years back. It was looking at the fact that Americans and American drug manufacturers rely heavily on Chinese companies to produce active pharmaceutical ingredients, or APIs, as they are called. We also know that bad actors in China are poised to use that vulnerability as leverage and to use it as a way to disrupt and interrupt the supply chain of those active pharmaceutical ingredients coming into our country.

This is an issue that we cannot wait to address. This is something we need to do right now. That is why my colleague from New Jersey, Senator MENENDEZ, and I introduced the Securing America's Medicine Cabinet Act, or the SAM-C Act, as a way to encourage and increase American manufacturing of these active pharmaceutical ingredients.

Here is what it would do. It would expand upon the Emerging Technology Program, which is housed within the FDA, to prioritize issues related to national security and critical drug shortages and bring that pharmaceutical manufacturing out of China and back into the United States, not in 5 years or 10 years but now. It is something that we need to do right now.

In addition, the SAM-C Act authorizes $100 million to develop centers of excellence for advanced pharmaceutical manufacturing in order to develop these innovations. These centers will be partnerships between institutes of learning and the private sector. Certainly, we have talked a lot about public-private partnerships and the necessity of them to move us through this crisis, and we have cheered as the President has brought private sector companies into the White House to work with him on addressing these issues.

One thing we have to realize—and why this is important that we do it now—is that the number of API manufacturing facilities in China is still growing. China has found a vulnerability in our system, and it is continuing to exploit that vulnerability. Although we don't yet know down to the precise percentage how dependent we are on these Chinese APIs, we do know that the more Chinese products that flow into the United States, the more potential there is for trouble and the more vulnerable our supply chain is.

The bottom line is that, if we continue to rely on the Chinese to stay healthy, we will be doing so at our own peril. So I am asking my colleagues to join Senator MENENDEZ and me and support this legislation as a part of these coronavirus response efforts that we are making.

The spread of the Chinese coronavirus has put considerable strains on our healthcare delivery system. Primary care physicians are overbooked, and potential patients are afraid of going to clinics at all for fear of putting an elderly or a vulnerable person at risk. I am in daily contact with physicians' offices and nurses' practices. I am hearing from those who care for the elderly and from caregivers for those who have complex medical conditions, and this is a primary concern. For that reason, conversations here on Capitol Hill have turned toward boosting telehealth services in order to free up in-person appointments for those who need them the most.

I am so grateful that the Vice President and the coronavirus task force have made this a priority. We appreciate that. The coverage of these efforts has made telemedicine feel, to many, like a new concept, but thank goodness we started building the foundation to support healthcare technology years before COVID–19 spread beyond China's borders.

As just a little bit of history, back in 2015, when I was over in the House, I introduced the SOFTWARE Act, which was to eliminate redtape that was preventing innovation in healthcare delivery. The bill ended up being rolled into a piece of legislation called the 21st Century Cures Act, which we passed through the House in late 2015. In 2016, it cleared the Senate.

The SOFTWARE Act directs the FDA to come up with a more efficient way of approving healthcare software so it will not discourage innovation because, at that point, that is what we were beginning to see. The redtape would just pile up on the new concepts in delivery, and by the time one would get approved, a new generation of technology would begin to emerge.

SOFTWARE's provisions made it possible for regulators and the private sector to bring us a lot of new innovations. We have Teladoc, Noom, Fitbit, and hundreds of other healthcare applications that we carry on our mobile devices. We have also seen many hospitals conduct post-operation care to patients once they go home. They are entering their data on iPads that are specific to their surgeries, and those physicians are monitoring their care and recoveries. This push for responsible tech policy has gone hand in hand with efforts to bring broadband to rural and unserved areas.

Last year, I introduced the Internet Exchange Act, which enables these communities to support the high-speed internet connections that the telehealth software requires. Now, we all know that you cannot have access to 21st century healthcare or emergency response without having access to high-speed internet. These concepts go hand in hand. At a time when we are facing a global pandemic and the impact that this has on our country and our citizens, we know everyone needs that access and should be able to go in and access this care.

Last year, as part of a rural health agenda that my team and I developed in working with our State and local electeds, I introduced the Telehealth Across State Lines Act so that we could bring healthcare to the patient rather than always taking the patient to the healthcare. I am so appreciative that Administrator Verma, of CMS, is paying close attention to this and is working carefully to relax some of the rules.

Telehealth Across State Lines would lead to the creation of uniform national best practices for the provision of telemedicine across State lines. Second, it would set up a grant program to expand existing telehealth programs and incentivize the adoption of telehealth by Medicare and Medicaid—two things that are needed.

We have seen these gaps in access to care. This is one way we can make certain that everyone, during these times of a pandemic, has access to care. Anyone who has ever videoconferenced into a meeting—and I will tell you that my staff has been doing that with employers and with organizations and with citizens around our State—knows this is a game-changer during a time when people are not able to go in for meetings.

My support for telemedicine has been grounded in more than just convenience. The forethought behind this push for telemedicine was to ask: How do we make it more accessible? How do we make certain the care you are able to receive does not depend on the ZIP Code in which you live? Right now, as we are talking about testing and communicating with doctors and being curious as to if we have symptoms and how to treat symptoms, accessibility is so important.

What we have learned from the dangers posed by fears of the Wuhan, China, coronavirus and the spreading of this virus is that it has made us realize that, actually, telemedicine and access to telemedicine makes accessing healthcare safer in so many instances—for the elderly, for those who are homebound, for those with complex medical situations.

My colleagues will recall, during the first meeting that our conference had with the administration regarding the coronavirus response, I specifically asked officials with the Centers for Medicare and Medicaid Services to push for the temporary relief of section No. 1135 regulations, which would prevent patients from taking advantage of telehealth services. Aren't we grateful that this has been lifted? I thank President Trump for green-lighting that. It is what you call a win for consumers who have a difficult time in getting to physicians' offices.

It is time for Medicaid and private health insurers to get on board and cover these telehealth services. For our private insurers, it will make it easier for those who are covered under their insurance plans to get to the care they need in a timely manner. For our State Medicaid officials, this will involve rethinking some of their licensures and other procedures. For insurance companies, it will involve making complex but responsible business decisions.

Let's remember we are all in this fight together against the coronavirus. We are in this fight together. It is up to us to find solutions as to how Americans are going to be able to access the care they need when they need it. We need to address these things immediately because this is no longer our just talking about convenience or our being able to call in to a meeting. The coronavirus has evolved into a global threat. Technology that can spare people from the risk of exposure should not be seen as a luxury or only available to a few. We have the tools we need to suppress the transmission of COVID–19 in the United States, and we have a plan to secure our pharmaceutical and our healthcare supply chains.

It is time to get it done. We are the United States of America. We can come together and respond to this attack by this virus. We can defeat it, and we can make certain there is a way to provide access to healthcare for all Americans regardless of the ZIP Codes in which they live.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BRAUN). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

PROVIDING EMERGENCY ASSISTANCE AND HEALTH CARE RESPONSE FOR INDIVIDUALS, FAMILIES, AND BUSINESSES AFFECTED BY THE 2020 CORONAVIRUS PANDEMIC

Mr. MCCONNELL. Mr. President, as our Nation confronts this health crisis and the economic crisis it is spawning, Senate Republicans have prepared a bold legislative proposal. I am officially introducing the Coronavirus Aid, Relief, and Economic Security Act. This legislation takes bold action on four major priorities that are extremely urgent and very necessary: first, direct financial help for the American people; second, rapid relief for small businesses and their employees; third, significant steps to stabilize our economy and protect jobs; and fourth, more support for the brave healthcare professionals and the patients who are fighting the coronavirus on the frontlines.

Now, just yesterday, by an overwhelming vote, the Senate passed bipartisan legislation that originated with the Democratic House of Representatives. So I hope this bold, new proposal will find a similar degree of bipartisan respect and mutual urgency on the other side of the aisle and across the Capitol.

I look forward to working with our Democratic colleagues and the administration to complete this important work and to deliver for our country.

Here are the next steps. A group of my Republican colleagues is standing by to explain this legislation and talk with the group's counterparts: Chairman CRAPO and Senator TOOMEY from the Committee on Banking, Housing, and Urban Affairs; Chairman ALEXANDER from the Committee on Health, Education, Labor, and Pensions; Chairman GRASSLEY and Senator PORTMAN from the Committee on Finance; Chairman RUBIO from the Committee on Small Business and Entrepreneurship, as well as Senator COLLINS; Chairman WICKER from the Committee on Commerce, Science, and Transportation; and our majority whip, Senator THUNE. These will be our point people.

I invite all of their Democratic counterparts to join us at the table tomorrow. These are urgent discussions. They need to happen at a Member level, and they need to happen starting right now.

I might add that all Republican Senators, whether they are part of this group that I just mentioned or not, have been asked to stay in town. We are here. We are ready to act as soon as an agreement with our colleagues across the aisle can be reached. The administration has agreed to send the Secretary of the Treasury, the Director of the National Economic Council, and the White House Director of Legislative Affairs, and they will participate in these discussions, again, beginning tomorrow.

These bipartisan discussions must begin immediately and continue with urgency at the Member level until we have results. We know this legislation will not be the last word. Bipartisan, bicameral talks are already underway to act on the administration's request, in addition to this, for a supplemental appropriation, but we need to take bold and swift action as soon as possible.

We need to take further steps to continue addressing our Nation's healthcare needs, and we need to help protect American workers, families, and small businesses from this unique economic crisis that threatens to worsen with every single day. We need to have the American people's backs. This

legislation is a significant next step, and the Senate is not going anywhere until we take action. Our Republican colleagues are here. They are in town. They are ready to act. We look forward to meeting with our Democratic counterparts tomorrow.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, all 100 Senators are hearing from our constituents about the urgency of our acting. If we aren't hearing about the urgency of our acting, we are hearing about the questions they have about the future economy, as they read about businesses being in trouble, restaurants shutting down, and schools closing. All of these decisions that have brought doubt to the minds of our constituents have been caused by governmental action as a result of the virus pandemic, the world health pandemic, that has been expressed.

We have to respond to that, and I think the leader has said how urgently he takes the response that our constituents expect from us and that we have a responsibility for taking action. This is an urgent time for us.

As Americans continue to do their part to curb the spread of coronavirus and the pandemic that it has been called, we are doing our part here in the Senate to support Americans, and that includes their families and their jobs.

Congress passed two bills quickly to step up the government's ability to combat the virus and to provide greater security for families whose incomes have been disrupted by containment efforts. Those two bills—one signed just last night by the President—were very bipartisan in these efforts. We need to continue that bipartisanship.

We are now working, as the leader just introduced, on a bold and comprehensive effort to provide additional relief to Americans and our economy in this challenging time, to respond to the anxiety that the American people have that I previously said was caused by government—and not just the Federal Government but State governments maybe in 50 different ways because of 50 different States and by many local governments in different ways, as they felt they needed to take action. I have already referred to shutting down restaurants, schools closing, et cetera. That speaks to how it affects the individuals we are trying to help.

I am chairman of the Finance Committee, as my colleagues know. I have been working with my colleagues around the clock to find opportunities in the Tax Code to reduce stress on American taxpayers and the businesses that create the jobs and the businesses that are probably closed now and their workers laid off.

Our small group of colleagues is working to help the American taxpayers and the businesses so that jobs continue. We first adopted a do-no-harm approach. We want to ensure that routine government processes don't add to the strain that everybody has out there. We do this by issuing recovery assistance to American families in the form of checks that can go out the door in short order. These direct payments could be as much as $1,200 for individuals, $2,400 for couples, with additional assistance to families. Obviously, the purpose of this is to provide immediate relief to folks who are facing cash flow problems in their families as they stay home to stop the spread of this virus.

To avoid in-person meetings with tax preparers in the midst of the pandemic, we are extending the tax filing deadline from April 15 to July 15, and of course we all know that the administration has already deferred collection of taxes until July or later. So this will help families defer filing costs and avoid meetings that could put folks at risk at this time of—who knows how far the effect of this virus is going to be. The deadline for quarterly estimated tax payments will also be postponed for 180 days.

We encourage those able to lend a financial hand by providing additional deductions for charitable giving. This includes suspending the deduction limitation for cash donations by individuals and easing the limitation on donations of cash and food inventories by businesses. Additionally, for those who do not itemize, a new deduction will be available for everyone who gives, regardless of how you file your taxes.

American businesses, as we know, are the engine of our economy, and we stand ready to help them as well. American business men and women are our job providers, and we need to make sure that they can keep their doors open—or if those doors are closed today, to reopen them—and that the payrolls they have going out to those individual workers and families across the Nation can be maintained.

Our proposal includes items to improve cash flow and liquidity for businesses of all sizes. Businesses, including the self-employed, will be able to defer their quarterly tax estimates 180 days and their employer Social Security tax payments through 2020.

We are going to increase the limit on interest deductibility. We will speed up the recovery of the alternative minimum tax credits. We will relax limitations on how companies use losses from previous years to reduce their tax burdens.

These are just some of the many provisions in our proposal to unburden businesses, particularly those that have liquidity problems, so that they can keep employing those who are home with their families and helping to prevent the spread of the virus.

I hope nobody tries to tell me or the rest of us that we are bailing out business. We are in the job of preserving jobs. If those jobs have been lost in the last 10 days because of this slowdown of the economy—almost a shutdown of the economy—then we want those jobs to be brought back. Workers are unemployed because of government's decisions—not the employer's decision, not the employee's lack of hard work, but because Federal, State, and local governments have stopped interaction among people so that we don't spread this virus, and it is because of what the World Health Organization has labeled a world health pandemic.

We don't see it as bad now as we do in Italy and other countries in Europe. We hope we don't see it as bad as they have, but we just don't know, and because we don't know, people have this anxiety. They don't know about the future, and we ought to give some help to the future.

I described to you some of the things the Finance Committee is working on.

I have also joined Senator ALEXANDER and others to assist healthcare workers and patients. This portion of the package includes several Finance Committee provisions to help everyone fight the pandemic. For example, we are adding additional flexibility to the health savings accounts, bolstering telehealth services, and boosting Medicare payments to healthcare providers.

We can contain this deadly virus without destroying livelihoods or the Nation's economy, but right now, our constituents have doubt about that, and this proposal the leader has put forth is to try to quiet some of that anxiety.

These recommendations take bold steps to curb the economic fallout as we work as a country to contain this pandemic. These proposals won't be the end of the congressional response to the coronavirus. I think we made clear that this is the third effort—two already signed by the President of the United States—and there will probably be more. When people want more than what is maybe here, there are going to be plenty of opportunities for more.

I wish I could say we know by a certain date that this anxiety is going to go away and we know this pandemic has slowed down enough that we can go back to work and start interacting with our friends and family to the same extent we always have and open up the restaurants.

I stand ready to continue identifying targeted relief as necessary to help bridge the gap beyond this bill, but we need to take this next step and do it quickly.

I want to thank Leader MCCONNELL for convening our task forces to quickly provide meaningful relief to families, individuals, and all sectors of the economy.

The people I have been working with that I thank are Senators JOHN THUNE, ROB PORTMAN, PAT TOOMEY, TIM SCOTT, TOM COTTON, and MITT ROMNEY for working with me on this package. Some of those Members are hard-working Members of the Finance Committee, and some aren't on the committee because we wanted as broad an opinion as we could get. I know our staffs work literally around the clock, so I want to recognize their efforts as well.

So many Americans are working day and night to provide essential services and efforts to combat this outbreak. We in Congress must be prepared to do the same, and that is why you heard the leader a little while ago saying that we are going to stay in until we get this job done. We ought to applaud that type of leadership.

It is a commitment to keep the Senate open until we have done our part, and I look forward to working with Democrats and the administration to get this job done without delay. So maybe, if we work hard Friday, Saturday, and Sunday, we can get a bill to the President next week. Nobody should be going home until we have delivered this needed relief.

We often spoke in World War II about the United States being the arsenal of democracy. I still remember—I was only 9 years old—December 7, 1941. And then I remember studying history and how we ramped up production for the war effort. Can we ramp up production of the respirators, protective gear, and testing kits we need? Can we do it on the same scale we did in World War II—a scale that can help us overcome this crisis?

I suppose you all remember the cry of ''Remember Pearl Harbor'' to help us pull the country together to win that war. Can we think of ''Remember coronavirus'' as an effort to pull this country together? Because in those times, I remember we all pulled together to—let's say, just one example—we all prided ourselves in planning what we called victory gardens. We did it in unison, as we sought to defeat the Axis powers. Can we pull together in the same way to slow the spread of COVID–19 until our healthcare system catches up with something we never anticipated, never could plan for?

I think this is a test of America's character, just like it was a test of our character in World War II to pull together.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Thank you, Mr. President. I am glad now that the Republican leader and his caucus now have a plan, and we look forward to working with them to come up with a bipartisan product as soon as we can, as this crisis grows worse every day.

We believe we need a bold plan, a strong plan. Our plan must put workers—the millions of workers who are adversely affected by this crisis—first. It includes service and industry workers, gig workers, freelancers, bartenders, retail workers, airline attendants, and so many others.

Our plan is entitled ''Workers First''—first and foremost. We owe so much gratitude to the hard-working people of America, and many of them are in trouble now through no fault of their own. This virus has affected some of them, has required others to be quarantined, and has caused businesses to lay off millions. We must protect them, first and foremost.

So our plan has five basic pillars. Pillar 1 is to bolster the healthcare system dramatically. If we don't beat the fight against this virus, if we don't do it as quickly as possible, the economy will get worse and worse, no matter what we do. So we must work extremely quickly and massively to bolster our healthcare system. We need a Marshall Plan for our healthcare system, and that is what we propose.

We need direct aid to hospitals. The larger hospitals in many cities already have patients—many patients—in their beds. The smaller and rural hospitals could well be in danger of closing because of this crisis. We must bolster the hospitals. They need equipment. They need ventilators. They need more ICU beds. They need masks. A simple thing like a nose swab—a hospital told me that they can't do testing because they don't have the nasal swabs. And we need the President to marshal the Defense Production Act to get all of these materials produced on a wartime footing—quickly, dramatically, and in large numbers.

The first plank of our plan dramatically bolsters our healthcare system, which is being overwhelmed through no fault of the hard-working people there in this crisis, and it entails so much. Healthcare workers have to be able to get to the hospitals, to the nursing homes, to the other areas. In many places, they can't if there isn't the kind of public transit available or it is not working.

The second part of our plan deals directly with those who have lost income through no fault of their own. It is a dramatic bolstering of unemployment insurance. We call it ''unemployment insurance on steroids,'' or you might even call it ''employment insurance.''

If a worker loses his or her job through no fault of their own right now, unemployment insurance doesn't cover a whole lot of people. When it does, it doesn't pay them much in terms of salary, in terms of the percentage of income, and it is often hard to get and takes a long time. Our ''unemployment on steroids''—our employment insurance—provides a full amount of the wages that workers are not being paid, not 20 percent or 50 percent. People desperately need it. They desperately need it.

It is quick and easy to apply for, without all of these hurdles that are now put in the way, and it applies to many more workers than in the past. We have talked to business owners—large, medium, and small. For many of them this is the No. 1 thing they need. While they can't keep their workers on the payroll because no money is coming in, these workers will still be there. They will be furloughed. They will be getting a full salary, and when the businesses come back, they will be back.

The third part of our plan is for paid leave. We must have paid family leave. We must have paid sick leave. COVID 2 did some of that, but too many people are not covered and too many people are not covered in a strong, longer term way. Senators MURRAY and GILLIBRAND, working with the House, have put together a very strong package. We must have it in this proposal.

Fourth, I believe—no one has seen the proposal. I haven't seen it, and I don't think anyone has seen the proposal that the leader put on. It had virtually no input from Democrats, but we will look at it and read it tonight. From what I am told, it provides a bailout for a number of industries. Again, we have to put the workers first. We don't want these industries to go under, but we certainly don't want the dollars that are put there to go to corporate executives or shareholders. Again, they must go to the workers first. If they are getting a bailout, they should not cut the numbers of workers, the salaries of workers, the benefits of workers, or the pensions of workers.

None of this money should be used for corporate buybacks. I am outraged that the airline industry in the last 5 years spent about $40 billion on buybacks. They are now saying they don't have enough money. Had they not sent the money to the shareholders and had it there or used it to bolster their workforces, that might not have happened. Nor should the money go to corporate salaries or corporate gain.

Part four of our plan says no bailout that goes to the people at the top. The money should go to the workers. After all, that is who we want to protect. Every one of us knows the workers in these industries. They are hard-working, decent, honorable people.

Fifth is help for small business. Small business has suffered—the little restaurant, maybe it is the small manufacturing business, or maybe it is a little service business. They need help. Their employees, should they have to furlough them, will be taken care of by our employment insurance, but they still have other costs. We have called for forbearance in mortgages. That is a big cost that they will continue to maintain if they rent space. But they will need help with other costs, and we provide them money for those costs, with the view that the money—those loans—could be forgiven if they rehire all of their workers once they are back on their feet.

So there are five points, and I know that the Speaker of the House agrees with these points, the House Democrats agree with these points, and, unfortunately, the leader didn't want them included in negotiations, which could only prolong the length of time before we act. But so be it.

No. 1, a Marshall Plan for our healthcare system and our hospitals. No. 2, employment insurance—you lose your job, you get your pay. No. 3, paid leave—paid family leave, paid sick leave. No. 4, any bailouts must be workers first. And, No. 5, help for small businesses.

We need to act quickly. We need to act in a bipartisan way. I hope the discussions between the various members

of the committees will proceed quickly and in a spirit of compromise, and I hope we can come to quick agreement with the House, whose majority's views are much closer to ours than this document, which I haven't read, but I have heard things about. I haven't seen it.

This is a crisis like none we have seen. We don't know how long it will last. We don't know how many people will be affected. We do know it is getting worse every day, and we know also that, while Americans usually come together after a crisis—we all certainly do, as we did after 9/11—we now must be isolated. But we will prevail. We will prevail. We will work together. Hopefully, each side will give. We will come up with a good plan. We will send it to the President, and we will help to begin the long path to eradicate this awful virus that has so afflicted so many millions of Americans, one way or another.

I yield the floor.

The PRESIDING OFFICER. The Senator from Mississippi.

Mr. WICKER. Mr. President, I agree with so much of what the distinguished Democratic leader has just said. I was coming from one building to the other when the distinguished Senator from Iowa was speaking, but I know he was making the point that I would make at this time, too.

If the distinguished Democratic leader wants to call this a Marshall Plan for the coronavirus crisis, I will subscribe to it. I think it is that serious.

I agree with what the Democratic leader said about this economic crisis. It is something like we have never seen before, and it calls for dramatic action. I think that is what the majority leader, Senator MCCONNELL, has proposed.

I agree with this from my friend from New York—that when we try to rescue the large corporations, we need to put workers first and not be concerned about the CEOs and the executives. We need to take care of small business.

So let's do a Marshall Plan, and let's do it on a bipartisan basis, as Americans, because this economic crisis knows no party.

You know, in some instances, when there is a crisis we are told to carry on, and, in this case, that really isn't what the healthcare professionals have told Americans to do. Americans have been told and people around the world have been told: Stay at home; don't congregate.

That is the way our economy operates.

So Americans are doing what they have been asked to do. We are not flying. We are not staying in hotels. Occupancy is down to single digits. Restaurants are closed. Stores are closed. Americans are keeping their children home from school. Schools are not opening in most areas. Again, the American people are acting responsibly, according to what they have been told to do by health professionals. The public is taking guidance, and this is having an enormous toll on our economy.

We hope the virus will end soon, but we need a rescue package. I am happy to join the distinguished Democratic leader in calling it a Marshall Plan, he would like to.

The American people bear no responsibility for this act of nature—this act of God—that has overtaken much of the globe.

So I have come here today just to say that I have been honored to participate in the drafting of what Senator MCCONNELL, the distinguished majority leader, has rolled out today—the Coronavirus Economic Stabilization Act.

I was part of a task force that the distinguished majority leader asked us to work on. That task force dealt with the airline industry. It consisted of Chairman SHELBY and Majority Whip THUNE. We were happy to develop a plan that involves $208 billion, giving the Secretary of the Treasury the ability to provide loans and loan guarantees to eligible businesses that are enduring financial hardship, including the domestic airlines, including the domestic cargo carriers, if they can make the case that there is a hardship there.

During this time of unprecedented economic uncertainty, it is critical that the airlines and other impacted industries have the resources they need to continue operations vital to the transportation of passengers and supplies, including food and medical equipment. The plan that I participated in drafting, which the distinguished majority leader put forward today, would prohibit the Federal funds from being used to increase compensation or provide golden parachutes or that sort of thing for the leaders of these distressed companies.

So, again, I subscribe to what Senator SCHUMER said: Protect the workers. This is no bailout. These are loans that we expect to be paid back when times are flush again.

This legislation would take an important step in putting our economy back on track for the American people. A great deal of work has gone into the draft, and much work is going to be required in the future—tonight, tomorrow, tomorrow night, Saturday, and Sunday. We are in the midst of severe economic crisis, and I am determined to work, on a bipartisan basis, with people like my friend who just spoke, and with Senator CANTWELL of Washington, my distinguished ranking member. We have penciled in 10 a.m. tomorrow morning. I have already been on the phone with her, and we are going to be dealing with the legislation under the jurisdiction of our committee, the Commerce Committee, and I think we are going to be able to work as we have on so many other issues—as Americans, not as Republicans and Democrats—as teammates rising to the occasion and answering this crisis as Americans have done so many times in the past.

So I simply rise today to say: This is a time for us to come together as patriots, as Americans, and take on the task that is before us. I look forward to a hard weekend of work and a product that all Americans can be proud of.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. RUBIO. Mr. President, we, in this profession, have a tendency to hyperbole, meaning a tendency to stand sometimes and talk about how dramatic a decision we are about to make is or how important something is to the country because that is what we do, and it is sort of one of the tools of this trade.

I think this is not a time in which it is possible to exaggerate the impact of what we are confronting. I start by saying I think it is a moment that should instill in all of us extraordinary humility and a reminder that we are still mortal beings who cannot and do not control all that happens in our lives or in the world.

We are facing a threat that emerges not from a human decision or behavior but a threat that emerges from the scientific world, the biological world, and one that I think we are blessed to live in a modern time, in which technology allows us to solve problems faster, but oftentimes our advances cannot prevent these things.

I think of the time when there will be plenty to look back at—the decisions that were made by governments, by foreign governments, and by officials. Like all things, there will come a moment of accounting when we can decide what was done wrong and what was done right so we can learn from what was done wrong and replicate what was done right. We can learn from the past, but we cannot change it.

The one thing we can influence is the future. You can't entirely control it, but we can influence it. We can influence what we do from this moment forward. And when it comes to this pandemic, we can influence not that it is here but how long it lasts and how impactful it will be.

One of the real-world impacts of the crisis that now confronts us is the impact it is having on jobs. We use that term loosely in politics all the time: ''Jobs.'' We want to create jobs. We value jobs. It is about having more jobs. I think sometimes we overlook the strong, emotional, and psychological impact of jobs, of the fact that someone wakes up in the morning and has somewhere to go, where they are productive, and they are rewarded fairly for their productivity. It gives purpose to your days. It gives meaning. It gives value. It is why the absence of jobs is so toxic and damaging not just to the spirit but ultimately to the community and then to the country. It is a

situation we have learned in ordinary times, and these are not ordinary times.

We are watching a pace of job loss at this very moment that is unprecedented, even in some of the deepest economic downturns that modern man has ever confronted. There is not a single person who serves in the Senate, works in this building, or, I would argue, in our entire society who does not know someone who in the last 4 or 5 days has been told that they no longer have a job. Think about that for a moment. People who 10 days ago had a job in an economy that by all traditional standards was doing very well and now have been told that they do not have a job. The people they used to work for may no longer exist, and there is no certainty about outcomes even when this ends. It is impossible to exaggerate that.

What we are learning through this crisis is what we all have said we know but are now realizing how much it is true, and that is, how many of the jobs in this country are the result of a small business and not of the companies whose stories are featured in a magazine or a newspaper article. It is the ones we drive by every single day—the laundromat, the dry cleaners, the coin cleaners, the bakeries, the coffee shops, and everything in between—hundreds of thousands of jobs in every community that depend on their very existence, and they are disappearing right before our eyes. It is not because they did anything wrong but because government has had to tell them, for the reasons of public health that I agree with, not only that we cannot go there but that their workers can't go there, and in many jurisdictions, they cannot even show up. So the urgency to address this, I believe, needs no convincing.

We have, as a starting point, developed a plan that I think will help, that will do what we can, and I want to briefly describe it. The plan is basically this: We need to get money into the hands of small business across this country as quickly as possible so they can keep the workers they have on payroll for as long as possible. We aim for at least 4, 5, or 6 weeks. This is important because if you have already been told you can't leave your home, and you have already been told you can't go anywhere, and then to also be told: And by the way, you have no job, and there is no guarantee that there is a job for you to go back to when this all ends, the trauma is extraordinary. That is what millions of people are facing by the second.

These are not job losses that are happening by the week or by the month; they are by the second. Right now, somewhere in America, someone is being told: We are closing, and you have no job. And tomorrow will be the last time you will get a paycheck for the foreseeable future.

So our plan, ideally, would involve the following: Small businesses will be able to go to a bank in their community. Ideally, in a perfect world, it would be the bank they normally use, the bank they bank with. Then they will very quickly—and I am not talking about in a matter of weeks; I am talking about in a matter of hours and days—receive an infusion of cash, equivalent to about roughly four times their monthly expenses on payroll and on rent and things of that nature. And then a year from now, those businesses, if they can show that they used that money to keep everyone on staff and hired that was working for them before this all started and paid them what they were paying them, that money will be forgiven. It will not be a loan.

The important point to make about this is—I am not talking about an SBA loan. I am not talking about going to a government building somewhere or a tent in a disaster zone and filling out a bunch of paperwork. I am talking about going to a financial institution, preferably the one that you normally use, filling out a few quick documents to prove that you are a business, and receiving a cash infusion directly into your account that you can use to meet payroll for the next 3, 4, 5, or 6 weeks, and we have a plan that does it.

Now, on this matter, we are blessed to have partners in this endeavor like Senator CARDIN and others on the Small Business Committee who are not only some of the hardest working and easiest people to work with on these matters, but whom we have been working with on these matters, along with our House counterparts, for a couple of weeks. Except for a couple of weeks ago, we could never have envisioned how widespread and how serious this dilemma would become.

We don't have an agreement at this very moment, but I do believe that on the general concepts—I speak for no one but myself, but it is my impression that on the general outlines of what we are trying to achieve, there is substantial agreement.

So we have some work to do. I will be in the Senate and here in Washington, DC, around the clock until we get this done because, as I said at the outset, millions upon millions of families and their immediate and long-term futures are being determined by what we do or fail to do. Rarely, if ever, do we truly confront issues in the Senate of that importance.

I will close with this: It is hard to remove politics from politics. It is hard to ask politicians not to be political. It is tempting to use even situations such as these for the snide remark and the potshot, and I imagine you can never fully remove it. I would only say this: If we don't address these issues that are before us and do so rapidly, those potshots will appear trivial in comparison. If we don't address the challenges that are before this country now, no one can tell you what the future looks like because no one alive today has ever been there, ever.

Anyone who believes that what I am saying is an exaggeration, what was life like in America a week ago today? What does it look like now? If this pace continues, what will it look like 5 days from now or 10 days from now? We don't know, but it will be traumatic and potentially catastrophic, so we must act. We will have plenty of other issues and plenty of days and weeks and months ahead to bicker about the political issue of the day and to take shots at our opponents.

Now is no time for games. We are facing the abyss. We are facing circumstances for which there is no playbook, for which there is no precedent, and for which there is no way to predict what happens to a society when you tell millions of people they can't work, they cannot leave their homes, and we cannot tell you how you will make a living now or for the immediate future.

This is no time for games. This is a time for those of us who are here to be here and to work through this as quickly as possible, or we will all pay the price, and we will all face those consequences. They are so grave, so unspeakable, and so unimaginable that I cannot believe that we will not be able to do so and act quickly, swiftly, and effectively. I look forward to making strong progress.

Our people need some hope. Our people need to believe that their institutions in a moment of crisis can still work. We have a chance to do our part to instill at least that little bit of confidence at a time of extraordinary uncertainty.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, before he leaves the floor, I want to particularly thank the senior Senator from Florida for the extraordinary contribution he is making as we move toward completion of this rescue package.

MESSAGE FROM THE HOUSE

At 12:02 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, without amendment:

S. 3503. An act to authorize the Secretary of Veterans Affairs to treat certain programs of education converted to distance learning by reason of emergencies and health-related situations in the same manner as programs of education pursued at educational institutions, and for other purposes.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communication was laid before the Senate, together with accompanying papers, reports, and documents, and was referred as indicated:

EC–4346. A communication from the President of the United States transmitting, pursuant to law, a report relative to the designation as emergency requirements all funding so designated by the Congress in the

Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, pursuant to section 251 (b) (2) (A) of the Balanced Budget and Emergency Deficit Control Act of 1985, for the enclosed list of accounts; to the Committee on the Budget.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Ms. HARRIS:

S. 3534. A bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to provide assistance to individuals affected by a pandemic, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. THUNE (for himself, Mr. DAINES, Mr. KING, Mr. BURR, Mr. VAN HOLLEN, Ms. COLLINS, Ms. HASSAN, Ms. STABENOW, Ms. SINEMA, Mr. ROUNDS, Mr. SASSE, Mrs. CAPITO, Mrs. MURRAY, Mrs. SHAHEEN, Mr. PETERS, Ms. CORTEZ MASTO, Mr. PERDUE, Mr. ROBERTS, Mr. MORAN, Mr. BARRASSO, Mr. BOOZMAN, Mr. BROWN, Mr. WHITEHOUSE, Mr. CRUZ, Ms. ROSEN, Mr. CRAMER, Mrs. FEINSTEIN, Mr. HOEVEN, and Mr. MERKLEY):

S. 3535. A bill to extend the due date for the return and payment of Federal income taxes to July 15, 2020, for taxable year 2019; to the Committee on Finance.

By Mr. CASEY (for himself, Mr. BOOKER, and Mr. REED):

S. 3536. A bill to provide for special enrollment periods during public health emergencies, coverage of services related to public health emergencies, and for other purposes; to the Committee on Finance.

By Mr. COTTON (for himself, Mrs. BLACKBURN, and Mr. CRUZ):

S. 3537. A bill to require the Secretary of Health and Human Services to maintain a list of the country of origin of all drugs marketed in the United States, to ban the use of Federal funds for the purchase of drugs manufactured in China, and for other purposes; to the Committee on Finance.

By Mr. RUBIO (for himself, Ms. WARREN, Mr. CRAMER, Mr. MURPHY, and Mr. KAINE):

S. 3538. A bill to require the Secretary of Defense to submit to Congress a report on the reliance by the Department of Defense on imports of certain pharmaceutical products made in part or in whole in certain countries, to establish postmarket reporting requirements for pharmaceuticals, and for other purposes; to the Committee on Finance.

By Mr. DAINES:

S. 3539. A bill to amend the Internal Revenue Code of 1986 to exempt telehealth services from certain high deductible health plan rules; to the Committee on Finance.

By Mr. SCHUMER (for Ms. BALDWIN (for herself, Mr. BLUMENTHAL, Mr. MARKEY, and Mr. SANDERS)):

S. 3540. A bill to prohibit public companies from repurchasing their shares on the open market, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. SCHUMER (for Ms. BALDWIN):

S. 3541. A bill to modify requirements relating to small business disaster loans made in response to COVID–19, and for other purposes; to the Committee on Small Business and Entrepreneurship.

By Mr. BROWN (for himself and Mr. CASSIDY):

S. 3542. A bill to provide COVID–19 related assistance through a special earned income rule for purposes of the refundable child and earned income credits for taxable year 2020; to the Committee on Finance.

By Mr. TESTER:

S. 3543. A bill to amend the public service loan forgiveness program under the Higher Education Act of 1965 to waive the requirement that a borrower make a monthly payment during a month for which there is a qualifying emergency in the State in which the borrower is employed; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CASEY (for himself, Mr. BOOKER, Mr. BROWN, Mr. MENENDEZ, Mr. JONES, Mr. PETERS, Ms. DUCKWORTH, Mrs. GILLIBRAND, Ms. SINEMA, Mr. BLUMENTHAL, Mr. KAINE, Ms. HASSAN, Mr. REED, Ms. WARREN, Ms. SMITH, Mr. TESTER, Mr. SANDERS, Mrs. SHAHEEN, Ms. BALDWIN, Ms. KLOBUCHAR, Ms. ROSEN, Mr. MARKEY, Ms. CORTEZ MASTO, and Mr. MERKLEY):

S. 3544. A bill to assist older Americans and people with disabilities affected by COVID–19; to the Committee on Finance.

By Mr. CRUZ (for himself, Mr. LEE, and Mr. BRAUN):

S. 3545. A bill to amend the Federal Food, Drug, and Cosmetic Act to provide for reciprocal marketing approval of certain drugs, biological products, and devices that are authorized to be lawfully marketed abroad, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CRUZ (for himself and Mr. SASSE):

S. 3546. A bill to waive high deductible health plan requirements for health savings accounts; to the Committee on Finance.

By Mr. CRUZ (for himself, Mr. CORNYN, Mr. LANKFORD, Mr. BRAUN, and Mr. INHOFE):

S. 3547. A bill to amend title XVIII of the Social Security Act to waive limitations on expansion of facility capacity under rural provider and hospital exception to ownership or investment prohibition during coronavirus 2020 emergency period; to the Committee on Finance.

By Mr. MCCONNELL (for himself, Mr. ALEXANDER, Mr. CRAPO, Mr. GRASSLEY, Mr. RUBIO, Mr. SHELBY, and Mr. WICKER):

S. 3548. A bill to provide emergency assistance and health care response for individuals, families, and businesses affected by the 2020 coronavirus pandemic; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. PORTMAN (for himself and Mr. DURBIN):

S. Res. 548. A resolution amending the Standing Rules of the Senate to enable the participation of absent Senators during a national crisis; to the Committee on Rules and Administration.

ADDITIONAL COSPONSORS

S. 1564

At the request of Mr. TILLIS, the name of the Senator from Montana (Mr. DAINES) was added as a cosponsor of S. 1564, a bill to require the Securities and Exchange Commission and certain Federal agencies to carry out a study relating to accounting standards, and for other purposes.

S. 3432

At the request of Mrs. BLACKBURN, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S. 3432, a bill to support the advanced manufacturing technologies program of the Food and Drug Administration, to establish National Centers of Excellence in Advanced Pharmaceutical Manufacturing, and for other purposes.

S. 3512

At the request of Mr. CRUZ, his name was added as a cosponsor of S. 3512, a bill to clarify the authority for regulating laboratory-developed testing procedures.

S. 3519

At the request of Mr. COONS, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 3519, a bill to authorize the Administrator of the Small Business Administration to subsidize payments on loans guaranteed under the 7(a) and 504 loan programs or made using funds under the microloan program, and for other purposes.

S. 3529

At the request of Mr. MENENDEZ, his name was added as a cosponsor of S. 3529, a bill to require States to establish contingency plans for the conduct of elections for Federal office in response to national disasters and emergencies, and for other purposes.

S. 3533

At the request of Mr. CRAMER, the names of the Senator from North Carolina (Mr. TILLIS) and the Senator from Montana (Mr. DAINES) were added as cosponsors of S. 3533, a bill to authorize and establish minimum standards for electronic and remote notarizations that occur in or affect interstate commerce, to require any Federal court located in a State to recognize notarizations performed by a notary public commissioned by another State when the notarization occurs in or affects interstate commerce, and to require any State to recognize notarizations performed by a notary public commissioned by another State when the notarization occurs in or affects interstate commerce or when the notarization was performed under or relates to a public act, record, or judicial proceeding of the State in which the notary public was commissioned.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. THUNE (for himself, Mr. DAINES, Mr. KING, Mr. BURR, Mr. VAN HOLLEN, Ms. COLLINS, Ms. HASSAN, Ms. STABENOW, Ms. SINEMA, Mr. ROUNDS, Mr. SASSE, Mrs. CAPITO, Mrs. MURRAY, Mrs. SHAHEEN, Mr. PETERS, Ms. CORTEZ MASTO, Mr. PERDUE, Mr. ROBERTS, Mr. MORAN, Mr. BARRASSO, Mr. BOOZMAN, Mr. BROWN, Mr. WHITEHOUSE, Mr. CRUZ, Ms.

ROSEN, Mr. CRAMER, Mrs. FEINSTEIN, Mr. HOEVEN, and Mr. MERKLEY):

S. 3535. A bill to extend the due date for the return and payment of Federal income taxes to July 15, 2020, for taxable year 2019; 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. 3535

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 ''Tax Filing Relief for America Act''.

SEC. 2. DEADLINES FOR TAXABLE YEAR 2019.

(a) IN GENERAL.—In the case of returns for taxable year 2019, including for purposes of section 6151(a) of the Internal Revenue Code of 1986, section 6072(a) of such Code shall be applied—

(1) by substituting ''July'' for ''April'', and

(2) by substituting ''the seventh month'' for ''the fourth month''.

(b) EFFECTIVE DATE.—Subsection (a) shall apply to all returns required to be filed for taxable year 2019.

By Mr. MCCONNELL (for himself, Mr. ALEXANDER, Mr. CRAPO, Mr. GRASSLEY, Mr. RUBIO, Mr. SHELBY, and Mr. WICKER):

S. 3548. A bill to provide emergency assistance and health care response for individuals, families, and businesses affected by the 2020 coronavirus pandemic; to the Committee on Finance.

Mr. MCCONNELL. 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. 3548

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 ''Coronavirus Aid, Relief, and Economic Security Act'' or the ''CARES Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

DIVISION A—SMALL BUSINESS INTERRUPTION LOANS

SEC. 1101. DEFINITIONS.

In this division—

(1) the terms ''Administration'' and ''Administrator'' mean the Small Business Administration and the Administrator thereof; and

(2) the term ''small business concern'' has the meaning given the term in section 3 of the Small Business Act (15 U.S.C. 632).

SEC. 1102. 7(a) LOAN PROGRAM.

(a) DEFINITION OF COVERED PERIOD.—In this section, the term ''covered period'' means the period beginning on March 1, 2020 and ending on December 31, 2020.

(b) INCREASED ELIGIBILITY FOR CERTAIN SMALL BUSINESSES AND ORGANIZATIONS.—

(1) IN GENERAL.—During the covered period, any business concern, private nonprofit organization, or public nonprofit organization which employs not more than 500 employees shall be eligible to receive a loan made under section 7(a) of the Small Business Act (15 U.S.C. 636(a)), in addition to small business concerns.

(2) EXCLUSION OF NONPROFITS RECEIVING MEDICAID EXPENDITURES.—Paragraph (1) shall not apply to a nonprofit entity eligible for payment for items or services furnished under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or under a waiver of such plan.

(c) MAXIMUM LOAN AMOUNT.—During the covered period, with respect to any loan guaranteed under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) for which an application is approved or pending approval on or after the date of enactment of this Act, the maximum loan amount shall be the lesser of—

(1) the product obtained by multiplying—

(A) the average total monthly payments by the applicant for payroll, mortgage payments, rent payments, and payments on any other debt obligations incurred during the 1 year period before the date on which the loan is made, except that, in the case of an applicant that is seasonal employer, as determined by the Administrator, the average total monthly payments for payroll shall be for the period beginning March 1, 2019 and ending June 30, 2019; by

(B) 4; or

(2) $10,000,000.

(d) ALLOWABLE USES OF PROGRAM LOANS.—

(1) IN GENERAL.—During the covered period, a recipient of a loan made under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) (including a recipient of assistance under the Community Advantage Pilot Program of the Administration) may, in addition to the allowable uses of such a loan, use the proceeds of the loan for—

(A) payroll support, including paid sick, medical, or family leave, and costs related to the continuation of group health care benefits during those periods of leave;

(B) employee salaries;

(C) mortgage payments;

(D) rent (including rent under a lease agreement);

(E) utilities; and

(F) any other debt obligations that were incurred before the covered period.

(2) DELEGATED AUTHORITY.—

(A) IN GENERAL.—For purposes of making loans for the purposes described in paragraph (1), a lender under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) shall be considered to have delegated authority to make and approve loans under such section 7(a) based on an evaluation of the eligibility of the borrower.

(B) CONSIDERATIONS.—In evaluating the eligibility of a borrower for a loan under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) with the terms described in this subsection and subsection (c), a lender shall only consider whether the borrower—

(i) was in operation on March 1, 2020; and

(ii) had employees for whom the borrower paid salaries and payroll taxes.

(3) LIMITATION.—A borrower that receives assistance under section 7(b)(2) of the Small Business Act (15 U.S.C. 636(b)(2)) related to COVID–19 for purposes of paying payroll and providing payroll support shall not be eligible for a loan described in paragraph (1) for the same purpose.

(e) FEE WAIVER FOR 7(A) LOANS.—During the covered period, with respect to each loan guaranteed under section 7(a) of the Small Business Act (15 U.S.C. 636(a))—

(1) in lieu of the fee otherwise applicable under section 7(a)(23)(A) of the Small Business Act (15 U.S.C. 636(a)(23)(A)), the Administrator shall collect no fee or reduce fees to the maximum extent possible; and

(2) for which the application is approved on or after the date of enactment of this Act, the Administrator shall, in lieu of the fee otherwise applicable under section 7(a)(18)(A) of the Small Business Act (15 U.S.C. 636(a)(18)(A)), collect no fee or reduce fees to the maximum extent possible.

(f) GUARANTEE AMOUNT FOR 7(A) LOANS.—

(1) IN GENERAL.—Section 7(a)(2)(A) of the Small Business Act (15 U.S.C. 636(a)(2)(A)) is amended by striking ''equal to—'' and all that follows through the end of the subparagraph and inserting ''equal to 100 percent of the balance of the financing outstanding at the time of disbursement of the loan.''.

(2) PROSPECTIVE REPEAL.—Effective on January 1, 2021, section 7(a)(2)(A) of the Small Business Act (15 U.S.C. 636(a)(2)(A)) is amended by striking ''equal to 100 percent of the balance of financing outstanding at the time of disbursement of the loan'' and inserting ''equal to—

''(i) 75 percent of the balance of the financing outstanding at the time of disbursement of the loan, if such balance exceeds $150,000; or

''(ii) 85 percent of the balance of the financing outstanding at the time of disbursement of the loan, if such balance is less than or equal to $150,000.''.

(g) DEFERMENT OF 7(A) LOANS.—

(1) DEFINITIONS .—

(A) ELIGIBLE BORROWER.—The term ''eligible borrower'' means—

(i) a small business concern; or

(ii) an organization made eligible by subsection (b) of this section for a loan under section 7(a) of the Small Business Act (15 U.S.C. 636(a)).

(B) IMPACTED BORROWER.—

(i) IN GENERAL.—In this subsection, the term ''impacted borrower'' means an eligible borrower that—

(I) is in operation on March 1, 2020; and

(II) has an application for a loan made under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) that is approved or pending approval on or after the date of enactment of this Act.

(ii) PRESUMPTION.—For purposes of this subsection, an impacted borrower is presumed to have been adversely impacted by COVID–19.

(2) DEFERRAL.—During the covered period, the Administrator shall—

(A) consider each eligible borrower that applies for a loan under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) to be an impacted borrower; and

(B) require lenders under such section 7(a) to provide complete payment deferment relief for impacted borrowers with loans guaranteed under such section 7(a) for a period of not more than 1 year.

(3) SECONDARY MARKET.—During the covered period, with respect to a loan made under 7(a) of the Small Business Act (15 U.S.C. 636(a)) that is sold on the secondary market, if an investor declines to approve a deferral requested by a lender under paragraph (2), the Administrator shall exercise the authority to purchase the loan so that the impacted borrower may receive a deferral for a period of not more than 1 year.

(4) GUIDANCE.—Not later than 30 days after the date of enactment of this Act, the Administrator shall provide guidance to lenders under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) on the deferment process described in this subsection.

(h) COMMITMENTS FOR 7(A) LOANS.—During the covered period—

(1) there shall be no limitation on the commitments for general business loans authorized under section 7(a) of the Small Business Act (15 U.S.C. 636(a)); and

(2) the amount authorized for commitments for such loans 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 not apply.

(i) EXPRESS LOANS.—

(1) IN GENERAL.—Section 7(a)(31)(D) of the Small Business Act (15 U.S.C. 636(a)(31)(D)) is

amended by striking ''$350,000'' and inserting ''$1,000,000''.

(2) PROSPECTIVE REPEAL.—Effective on January 1, 2021, section 7(a)(31)(D) of the Small Business Act (15 U.S.C. 636(a)(31)(D)) is amended by striking ''$1,000,000'' and inserting ''$350,000''.

SEC. 1103. ENTREPRENEURIAL DEVELOPMENT.

(a) DEFINITIONS.—In this section—

(1) the term ''covered small business concern'' means a small business concern that is located in an area that is substantially affected by the COVID–19;

(2) the term ''resource partner'' means—

(A) a small business development center; and

(B) a women's business center;

(3) the term ''small business development center'' has the meaning given the term in section 3 of the Small Business Act (15 U.S.C. 632);

(4) the term ''substantially affected by COVID–19'' means, with respect to a covered small business concern, that the covered small business concern has experienced—

(A) supply chain disruptions, including changes in—

(i) quantity and lead time, including the number of shipments of components and delays in shipments;

(ii) quality, including shortages in supply for quality control reasons; and

(iii) technology, including a compromised payment network;

(B) staffing challenges;

(C) a decrease in sales or customers; or

(D) shuttered businesses; and

(5) the term ''women's business center'' means a women's business center described in section 29 of the Small Business Act (15 U.S.C. 656).

(b) EDUCATION, TRAINING, AND ADVISING GRANTS.—

(1) IN GENERAL.—The Administration may provide financial assistance in the form of grants to resource partners to provide education, training, and advising to covered small business concerns.

(2) USE OF FUNDS.—Grants under this subsection shall be used for the education, training, and advising of covered small business concerns and their employees on—

(A) accessing and applying for resources provided by the Administration and other Federal resources relating to access to capital and business resiliency;

(B) the hazards and prevention of the transmission and communication of COVID–19 and other communicable diseases;

(C) the potential effects of COVID–19 on the supply chains, distribution, and sale of products of covered small business concerns and the mitigation of those effects;

(D) the management and practice of telework to reduce possible transmission of COVID–19;

(E) the management and practice of remote customer service by electronic or other means;

(F) the risks of and mitigation of cyber threats in remote customer service or telework practices;

(G) the mitigation of the effects of reduced travel or outside activities on covered small business concerns during COVID–19 or similar occurrences; and

(H) any other relevant business practices necessary to mitigate the economic effects of COVID–19 or similar occurrences.

(3) GRANT DETERMINATION.—

(A) SMALL BUSINESS DEVELOPMENT CENTERS.—The Administration shall award 80 percent of funds authorized to carry out this subsection to small business development centers, which shall be awarded pursuant to a formula jointly developed, negotiated, and agreed upon, with full participation of both parties, between the association formed under section 21(a)(3)(A) of the Small Business Act (15 U.S.C. 648(a)(3)(A)) and the Administration.

(B) WOMEN'S BUSINESS CENTERS.—The Administration shall award 20 percent of funds authorized to carry out this subsection to women's business centers, which shall be awarded pursuant to a process established by the Administration in consultation with recipients of assistance.

(C) NO MATCHING FUNDS REQUIRED.—Matching funds shall not be required for any grant under this subsection.

(4) GOALS AND METRICS.—

(A) IN GENERAL.—Goals and metrics for the funds made available under this subsection shall be jointly developed, negotiated, and agreed upon, with full participation of both parties, between the resource partners and the Administrator, which shall—

(i) take into consideration the extent of the circumstances relating to the spread of COVID–19, or similar occurrences, that affect covered small business concerns located in the areas covered by the resource partner, particularly in rural areas or economically distressed areas;

(ii) generally follow the use of funds outlined in paragraph (2), but shall not restrict the activities of resource partners in responding to unique situations; and

(iii) encourage resource partners to develop and provide services to covered small business concerns.

(B) PUBLIC AVAILABILITY.—The Administrator shall make publicly available the methodology by which the Administrator and resource partners jointly develop the metrics and goals described in subparagraph (A).

(c) RESOURCE PARTNER ASSOCIATION GRANTS.—

(1) IN GENERAL.—The Administrator may provide grants to an association or associations representing resource partners to establish a centralized hub for COVID–19 information, which shall include—

(A) an online platform that consolidates resources and information available across multiple Federal agencies for small business concerns related to COVID–19; and

(B) a training program to educate resource partner counselors on the resources and information described in subparagraph (A).

(2) GOALS AND METRICS.—Goals and metrics for the funds made available under this subsection shall be jointly developed, negotiated, and agreed upon, with full participation of both parties, between the association or associations receiving a grant under this subsection and the Administrator.

(d) REPORT.—Not later than 6 months after the date of enactment of this Act, and annually thereafter, the Administrator shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report—

(1) that describes, with respect to the initial year covered by the report—

(A) the programs and services developed and provided by the Administration and resource partners under subsection (b);

(B) the initial efforts to provide those services under subsection (b); and

(C) the online platform and training developed and provided by the Administration and the association or associations under subsection (c); and

(2) that describes, with respect to the subsequent years covered by the report—

(A) with respect to the grant program under subsection (b)—

(i) the efforts of the Administrator and resource partners to develop services to assist covered small business concerns;

(ii) the challenges faced by owners of covered small business concerns in accessing services provided by the Administration and resource partners;

(iii) the number of unique covered small business concerns that were served by the Administration and resource partners; and

(iv) other relevant outcome performance data with respect to covered small business concerns, including the number of employees affected, the effect on sales, the disruptions of supply chains, and the efforts made by the Administration and resource partners to mitigate these effects; and

(B) with respect to the grant program under subsection (c)—

(i) the efforts of the Administrator and the association or associations to develop and evolve an online resource for small business concerns; and

(ii) the efforts of the Administrator and the association or associations to develop a training program for resource partner counselors, including the number of counselors trained.

SEC. 1104. WAIVER OF MATCHING FUNDS REQUIREMENT UNDER THE WOMEN'S BUSINESS CENTER PROGRAM.

During the 3-month period beginning on the date of enactment of this Act, the requirement relating to obtaining cash contributions from non-Federal sources under section 29(c)(1) of the Small Business Act (15 U.S.C. 656(c)(1)) is waived for any recipient of assistance under such section 29.

SEC. 1105. LOAN FORGIVENESS.

(a) DEFINITIONS.—In this section—

(1) the term ''covered 7(a) loan'' means a loan guaranteed under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) that is made during the covered period;

(2) the term ''covered period'' means the period beginning on March 1, 2020 and ending on June 30, 2020;

(3) the term ''eligible recipient'' means the recipient of a covered 7(a) loan; and

(4) the term ''payroll costs'' shall not include—

(A) the compensation of an individual employee in excess of $33,333 during the covered period;

(B) qualified sick leave wages for which a credit is allowed under section 7001 of the Families First Coronavirus Response Act; or

(C) qualified family leave wages for which a credit is allowed under section 7003 of the Families First Coronavirus Response Act.

(b) FORGIVENESS.—An eligible recipient shall be eligible for forgiveness of indebtedness on a covered 7(a) loan in an amount equal to the cost of maintaining payroll continuity during the covered period.

(c) TREATMENT OF AMOUNTS FORGIVEN.—

(1) IN GENERAL.—Amounts which have been forgiven under this section shall be considered canceled indebtedness by lenders authorized under section 7(a) of the Small Business Act (15 U.S.C. 636(a)).

(2) FOR PURPOSES OF REDEMPTION OF GUARANTEES.—For purposes of the redemption of a guarantee by the lender for a covered 7(a) loan, amounts which are forgiven under this section shall be treated as a default, in accordance with the procedures that are otherwise applicable to a default on a loan guaranteed under section 7(a) of the Small Business Act (15 U.S.C. 636(a)).

(d) LIMITS ON AMOUNT OF FORGIVENESS.—

(1) IN GENERAL.—The amount of loan forgiveness under this section for an eligible recipient shall not exceed the sum of—

(A) the total payroll costs incurred by the eligible recipient during the covered period; and

(B) the amount of payments made during the covered period on debt obligations that were incurred before the covered period.

(2) REDUCTION BASED ON REDUCTION IN NUMBER OF EMPLOYEES.—

(A) IN GENERAL.—The amount of loan forgiveness under this section shall be reduced by the percentage equal to the difference obtained by subtracting—

(i) the quotient obtained by dividing—

(I) the average number of full-time equivalent employees per month employed by the eligible recipient during the covered period; by

(II)(aa) the average number of full time equivalent employees per month employed by the eligible recipient during the period beginning on March 1, 2019 and ending on June 30, 2019; or

(bb) in the case of an eligible recipient that is seasonal employer, as determined by the Administrator, the average number of full-time equivalent employees per month employed by the eligible recipient during the period beginning on March 1, 2019 and ending on June 30, 2019; from

(ii) 1.

(B) CALCULATION OF AVERAGE NUMBER OF EMPLOYEES.—The average number of full-time equivalent employees shall be determined by calculating the average number of employees for each pay period falling within a month.

(3) REDUCTION RELATING TO COMPENSATION.—The amount of loan forgiveness under this section shall also be reduced by the amount of any reduction in excess of 25 percent of compensation in the most recent full quarter in which the employee was paid in compensation during the covered period of any employee who was compensated—

(A) in an amount less than $33,333 during the period beginning on March 1, 2019 and ending on June 30, 2019; or

(B) not more than $100,000 on annualized basis during 2019.

(4) EXCEPTION FOR TIPPED WORKERS.—An eligible recipient with tipped employees described in section 3(m)(2)(A) of the Fair Labor Standards Act of 1938 (29 U.S.C. 203(m)(2)(A)) may receive forgiveness for additional wages paid to those employees.

(e) APPLICATION.—An eligible recipient seeking loan forgiveness under this section shall submit to the lender that originated the covered 7(a) loan an application, which shall include documentation verifying the number of full-time equivalent employees on payroll and pay rates for the periods described in subsection (d), including—

(1) payroll tax filings reported to the Internal Revenue Service;

(2) State income, payroll, and unemployment insurance filings;

(3) financial statements verifying payment on debt obligations incurred before the covered period; and

(4) any other documentation the Administrator determines necessary.

(f) CERTIFICATION.—An eligible recipient receiving loan forgiveness under this section shall make a good faith certification that the uncertainty of current economic conditions justifies the loan request to support the ongoing operations of the borrower, and acknowledges that funds will be used to retain workers and maintain payroll.

(g) PROHIBITION ON FORGIVENESS WITHOUT DOCUMENTATION.—No eligible recipient shall receive forgiveness under this section without submitting to the lender that originated the covered 7(a) loan the documentation required under subsection (e).

(h) DECISION.—Not later than 15 days after the date on which a lender receives an application for loan forgiveness under this section from an eligible recipient, the lender shall issue a decision on the an application.

(i) TAXABILITY.—Canceled indebtedness under this section shall be excluded from gross income for purposes of the Internal Revenue Code of 1986.

(j) RULE OF CONSTRUCTION.—The cancellation of indebtedness on a covered 7(a) loan under this section shall not otherwise modify the terms and conditions of the covered 7(a) loan.

(k) REGULATIONS.—Not later than 30 days after the date of enactment of this Act, the Administrator shall issue guidance and regulations implementing this section.

SEC. 1106. DIRECT APPROPRIATIONS.

(a) IN GENERAL.—There is appropriated, out of amounts in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2020, to remain available until September 30, 2021, for additional amounts—

(1) $299,400,000,000 under the heading ''Small Business Administration—Business Loans Program Account'' for the cost of guaranteed loans as authorized under section 7(a) of the Small Business Act (15 U.S.C. 636(a));

(2) $300,000,000 under the heading ''Small Business Administration—Salaries and Expenses'' for salaries and expenses of the Administration;

(3) $25,000,000 under the heading ''Small Business Administration—Office of Inspector General'' for necessary expenses of the Office of Inspector General of the Administration in carrying out the provisions of the Inspector General Act of 1978 (5 U.S.C. App.);

(4) $265,000,000 under the heading ''Small Business Administration—Entrepreneurial Development Programs'', of which—

(A) $240,000,000 shall be for carrying section 1103(b) of this Act; and

(B) $25,000,000 shall be for carrying out section 1103(c) of this Act; and

(5) $10,000,000 under the heading ''Department of Commerce—Minority Business Development Agency'' for minority business centers of the Minority Business Development Agency to provide technical assistance to small business concerns.

(b) REPORTS.—Not later than 180 days after the date of enactment of this Act, the Administrator shall submit to the Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives a detailed expenditure plan for using the amounts appropriated under subsection (a).

SEC. 1107. MINORITY BUSINESS DEVELOPMENT AGENCY.

(a) DEFINITIONS.—In this section—

(1) the term ''Agency'' means the Minority Business Development Agency of the Department of Commerce;

(2) the term ''covered small business concern'' means a small business concern (as defined in section 3 of the Small Business Act (15 U.S.C. 632) that is located in an area that is substantially affected by the COVID–19;

(3) the term ''minority business center'' means a Business Center of the Agency; and

(4) the term ''substantially affected by COVID–19'' means, with respect to a covered small business concern, that the covered small business concern has experienced—

(A) supply chain disruptions, including changes in—

(i) quantity and lead time, including the number of shipments of components and delays in shipments;

(ii) quality, including shortages in supply for quality control reasons; and

(iii) technology, including a compromised payment network;

(B) staffing challenges;

(C) a decrease in sales or customers; or

(D) shuttered businesses.

(b) EDUCATION, TRAINING, AND ADVISING GRANTS.—

(1) IN GENERAL.—The Agency may provide financial assistance in the form of grants to minority business centers to provide education, training, and advising to covered small business concerns.

(2) USE OF FUNDS.—Grants under this section shall be used for the education, training, and advising of covered small business concerns and their employees on—

(A) accessing and applying for resources provided by the Agency and other Federal resources relating to access to capital and business resiliency;

(B) the hazards and prevention of the transmission and communication of COVID–19 and other communicable diseases;

(C) the potential effects of COVID–19 on the supply chains, distribution, and sale of products of covered small business concerns and the mitigation of those effects;

(D) the management and practice of telework to reduce possible transmission of COVID–19;

(E) the management and practice of remote customer service by electronic or other means;

(F) the risks of and mitigation of cyber threats in remote customer service or telework practices;

(G) the mitigation of the effects of reduced travel or outside activities on covered small business concerns during COVID–19 or similar occurrences; and

(H) any other relevant business practices necessary to mitigate the economic effects of COVID–19 or similar occurrences.

(3) NO MATCHING FUNDS REQUIRED.—Matching funds shall not be required for any grant under this section.

(4) GOALS AND METRICS.—

(A) IN GENERAL.—Goals and metrics for the funds made available under this section shall be jointly developed, negotiated, and agreed upon, with full participation of both parties, between the minority business centers and the Agency, which shall—

(i) take into consideration the extent of the circumstances relating to the spread of COVID–19, or similar occurrences, that affect covered small business concerns located in the areas covered by the minority business centers, particularly in rural areas or economically distressed areas;

(ii) generally follow the use of funds outlined in paragraph (2), but shall not restrict the activities of minority business centers in responding to unique situations; and

(iii) encourage minority business centers to develop and provide services to covered small business concerns.

(B) PUBLIC AVAILABILITY.—The Agency shall make publicly available the methodology by which the Agency and minority business centers jointly develop the metrics and goals described in subparagraph (A).

(5) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $10,000,000 to carry out this section, to remain available until expended.

SEC. 1108. WAIVER OF PREPAYMENT PENALTY.

Notwithstanding any other provision of law, for a loan made under the authority under this division or an amendment made by this division, there shall be no prepayment penalty for any payment on the loan made on or before December 31, 2020.

SEC. 1109. UNITED STATES TREASURY PROGRAM MANAGEMENT AUTHORITY.

(a) AUTHORITY TO INCLUDE ADDITIONAL FINANCIAL INSTITUTIONS.—The Department of the Treasury, in consultation with the Administration and the other Federal financial regulatory agencies (as defined in section 313(r) of title 31, United States Code), shall establish criteria for insured depository institutions (as defined in section 3 of the Federal Deposit Insurance Act (12 U.S.C. 1813)) and other specialized lenders, that do not already participate in lending under programs of the Administration, to participate in a small business interruption loans program to provide loans under section 7(a) of the Small

Business Act (15 U.S.C. 636(a)) in accordance with this section until the date on which the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the Coronavirus Disease 2019 (COVID–19) expires.

(b) CRITERIA.—Due to exigent circumstances, the eligibility criteria that would otherwise be applicable a loan made under section 7(a) of the Small Business Act (15 U.S.C. 636(a)) shall not apply to a loan made under this section.

(c) SAFETY AND SOUNDNESS.—An insured depository institution (as defined in section 3 of the Federal Deposit Insurance Act (12 U.S.C. 1813)) or other specialized lender may only participate in the program established under this section if participation does not affect the safety and soundness of the institution or lender.

(d) ADDITIONAL REGULATIONS.—The Secretary of the Treasury, in consultation with the Administrator, shall issue regulations and guidance in order to direct additional lenders under this section and establish additional terms that set out compensation, underwriting standards, interest rates, maturity, and other relevant terms and conditions.

(e) PROGRAM ADMINISTRATION.—Under the infrastructure of the Department of the Treasury and with guidance from the Secretary of the Treasury, the Administration shall administer the program established under this section until the date on which the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the Coronavirus Disease 2019 (COVID–19) expires.

DIVISION B—RELIEF FOR INDIVIDUALS, FAMILIES, AND BUSINESSES

TITLE I—REBATES AND OTHER INDIVIDUAL PROVISIONS

SEC. 2101. 2020 RECOVERY REBATES FOR INDIVIDUALS.

(a) IN GENERAL.—Subchapter B of chapter 65 of subtitle F of the Internal Revenue Code of 1986 is amended by inserting after section 6427 the following new section:

"SEC. 6428. 2020 RECOVERY REBATES FOR INDIVIDUALS.

''(a) IN GENERAL.—In the case of an eligible individual, there shall be allowed as a credit against the tax imposed by subtitle A for the first taxable year beginning in 2020 an amount equal to the lesser of—

''(1) net income tax liability, or

''(2) $1,200 ($2,400 in the case of a joint return).

''(b) SPECIAL RULES.—

''(1) IN GENERAL.—In the case of a taxpayer described in paragraph (2)—

''(A) the amount determined under subsection (a) shall not be less than $600 ($1,200 in the case of a joint return), and

''(B) the amount determined under subsection (a) (after the application of subparagraph (A)) shall be increased by the product of $500 multiplied by the number of qualifying children (within the meaning of section 24(c)) of the taxpayer.

''(2) TAXPAYER DESCRIBED.—A taxpayer is described in this paragraph if the taxpayer—

''(A) has qualifying income of at least $2,500, or

''(B) has—

''(i) net income tax liability which is greater than zero, and

''(ii) gross income which is greater than the basic standard deduction.

''(c) TREATMENT OF CREDIT.—The credit allowed by subsection (a) shall be treated as allowed by subpart C of part IV of subchapter A of chapter 1.

''(d) LIMITATION BASED ON ADJUSTED GROSS INCOME.—The amount of the credit allowed by subsection (a) (determined without regard to this subsection and subsection (f)) shall be reduced (but not below zero) by 5 percent of so much of the taxpayer's adjusted gross income as exceeds $75,000 ($150,000 in the case of a joint return).

''(e) DEFINITIONS.—For purposes of this section—

''(1) QUALIFYING INCOME.—The term 'qualifying income' means—

''(A) earned income,

''(B) social security benefits (within the meaning of section 86(d)), and

''(C) any compensation or pension received under chapter 11, chapter 13, or chapter 15 of title 38, United States Code.

''(2) NET INCOME TAX LIABILITY.—The term 'net income tax liability' means the excess of—

''(A) the sum of the taxpayer's regular tax liability (within the meaning of section 26(b)) and the tax imposed by section 55 for the taxable year, over

''(B) the credits allowed by part IV (other than section 24 and subpart C thereof) of subchapter A of chapter 1.

''(3) ELIGIBLE INDIVIDUAL.—The term 'eligible individual' means any individual other than—

''(A) any nonresident alien individual,

''(B) any individual with respect to whom a deduction under section 151 is allowable to another taxpayer for a taxable year beginning in the calendar year in which the individual's taxable year begins, and

''(C) an estate or trust.

''(4) EARNED INCOME.—The term 'earned income' has the meaning set forth in section 32(c)(2) except that such term shall not include net earnings from self-employment which are not taken into account in computing taxable income.

''(5) BASIC STANDARD DEDUCTION.—The term 'basic standard deduction' shall have the same meaning as when used in section 63 (as modified by subsection (c)(7) of such section).

''(f) COORDINATION WITH ADVANCE REFUNDS OF CREDIT.—

''(1) IN GENERAL.—The amount of credit which would (but for this paragraph) be allowable under this section shall be reduced (but not below zero) by the aggregate refunds and credits made or allowed to the taxpayer under subsection (g). Any failure to so reduce the credit shall be treated as arising out of a mathematical or clerical error and assessed according to section 6213(b)(1).

''(2) JOINT RETURNS.—In the case of a refund or credit made or allowed under subsection (g) with respect to a joint return, half of such refund or credit shall be treated as having been made or allowed to each individual filing such return.

''(g) ADVANCE REFUNDS AND CREDITS.—

''(1) IN GENERAL.—Subject to paragraph (5), each individual who was an eligible individual for such individual's first taxable year beginning in 2018 shall be treated as having made a payment against the tax imposed by chapter 1 for such first taxable year in an amount equal to the advance refund amount for such taxable year.

''(2) ADVANCE REFUND AMOUNT.—For purposes of paragraph (1), the advance refund amount is the amount that would have been allowed as a credit under this section for such first taxable year if this section (other than subsection (f) and this subsection) had applied to such taxable year.

''(3) TIMING OF PAYMENTS.—The Secretary shall, subject to the provisions of this title, refund or credit any overpayment attributable to this section as rapidly as possible. No refund or credit shall be made or allowed under this subsection after December 31, 2020.

''(4) NO INTEREST.—No interest shall be allowed on any overpayment attributable to this section.

''(5) ALTERNATE TAXABLE YEAR.—In the case of an individual who, at the time of any determination made pursuant to paragraph (3), has not filed a tax return for the year described in paragraph (1), the Secretary may apply such paragraph by substituting '2019' for '2018'.

''(h) IDENTIFICATION NUMBER REQUIREMENT.—

''(1) IN GENERAL.—No credit shall be allowed under subsection (a) to an eligible individual who does not include on the return of tax for the taxable year—

''(A) such individual's valid identification number,

''(B) in the case of a joint return, the valid identification number of such individual's spouse, and

''(C) in the case of any qualifying child taken into account under subsection (b)(1)(B), the valid identification number of such qualifying child.

''(2) VALID IDENTIFICATION NUMBER.—

''(A) IN GENERAL.—For purposes of paragraph (1), the term 'valid identification number' means a social security number (as such term is defined in section 24(h)(7)).

''(B) ADOPTION TAXPAYER IDENTIFICATION NUMBER.—For purposes of paragraph (1)(C), in the case of a qualifying child who is adopted, the term 'valid identification number' shall include the adoption taxpayer identification number of such child.

''(i) REGULATIONS.—The Secretary shall prescribe such regulations or other guidance as may be necessary to carry out the purposes of this section.''.

(b) ADMINISTRATIVE AMENDMENTS.—

(1) DEFINITION OF DEFICIENCY.—Section 6211(b)(4)(A) of the Internal Revenue Code of 1986 is amended by striking ''and 36B, 168(k)(4)'' and inserting ''36B, and 6428''.

(2) MATHEMATICAL OR CLERICAL ERROR AUTHORITY.—Section 6213(g)(2)(L) of such Code is amended by striking ''or 32'' and inserting ''32, or 6428''.

(c) TREATMENT OF POSSESSIONS.—

(1) PAYMENTS TO POSSESSIONS.—

(A) MIRROR CODE POSSESSION.—The Secretary of the Treasury shall pay to each possession of the United States which has a mirror code tax system amounts equal to the loss (if any) to that possession by reason of the amendments made by this section. Such amounts shall be determined by the Secretary of the Treasury based on information provided by the government of the respective possession.

(B) OTHER POSSESSIONS.—The Secretary of the Treasury shall pay to each possession of the United States which does not have a mirror code tax system amounts estimated by the Secretary of the Treasury as being equal to the aggregate benefits (if any) that would have been provided to residents of such possession by reason of the amendments made by this section if a mirror code tax system had been in effect in such possession. The preceding sentence shall not apply unless the respective possession has a plan, which has been approved by the Secretary of the Treasury, under which such possession will promptly distribute such payments to its residents.

(2) COORDINATION WITH CREDIT ALLOWED AGAINST UNITED STATES INCOME TAXES.—No credit shall be allowed against United States income taxes under section 6428 of the Internal Revenue Code of 1986 (as added by this section) to any person—

(A) to whom a credit is allowed against taxes imposed by the possession by reason of the amendments made by this section, or

(B) who is eligible for a payment under a plan described in paragraph (1)(B).

(3) DEFINITIONS AND SPECIAL RULES.—

(A) POSSESSION OF THE UNITED STATES.—For purposes of this subsection, the term ''possession of the United States'' includes the Commonwealth of Puerto Rico and the Commonwealth of the Northern Mariana Islands.

(B) MIRROR CODE TAX SYSTEM.—For purposes of this subsection, the term ''mirror code tax system'' means, with respect to any possession of the United States, the income tax system of such possession if the income tax liability of the residents of such possession under such system is determined by reference to the income tax laws of the United States as if such possession were the United States.

(C) TREATMENT OF PAYMENTS.—For purposes of section 1324 of title 31, United States Code, the payments under this section shall be treated in the same manner as a refund due from a credit provision referred to in subsection (b)(2) of such section.

(d) EXCEPTION FROM TREASURY OFFSET PROGRAM.—Any credit or refund allowed or made to any individual by reason of section 6428 of the Internal Revenue Code of 1986 (as added by this section) or by reason of subsection (c) of this section shall not be subject to reduction or offset pursuant to—

(1) section 3716 or 3720A of title 31, United States Code, or

(2) subsection (d), (e), or (f) of section 6402 of the Internal Revenue Code of 1986.

(e) APPROPRIATIONS TO CARRY OUT REBATES.—

(1) IN GENERAL.—Immediately upon the enactment of this Act, the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2020:

(A) DEPARTMENT OF THE TREASURY.—

(i) For an additional amount for ''Department of the Treasury—Bureau of the Fiscal Service—Salaries and Expenses'', $78,650,000, to remain available until September 30, 2021.

(ii) For an additional amount for ''Department of the Treasury—Internal Revenue Service—Taxpayer Services'', $70,200,000, to remain available until September 30, 2021.

(iii) For an additional amount for ''Department of the Treasury—Internal Revenue Service—Operations Support'', $209,600,000, to remain available until September 30, 2021.

(B) SOCIAL SECURITY ADMINISTRATION.—For an additional amount for ''Social Security Administration—Limitation on Administrative Expenses'', $38,000,000, to remain available until September 30, 2020.

(2) REPORTS.—No later than 15 days after enactment of this Act, the Secretary of the Treasury shall submit a plan to the Committees on Appropriations of the House of Representatives and the Senate detailing the expected use of the funds provided by paragraph (1)(A). Beginning 90 days after enactment of this Act, the Secretary of the Treasury shall submit a quarterly report to the Committees on Appropriations of the House of Representatives and the Senate detailing the actual expenditure of funds provided by paragraph (1)(A) and the expected expenditure of such funds in the subsequent quarter.

(f) CONFORMING AMENDMENTS.—

(1) Paragraph (2) of section 1324(b) of title 31, United States Code, is amended by inserting ''6428,'' after ''54B(h),''.

(2) The table of sections for subchapter B of chapter 65 of subtitle F of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 6427 the following:

''Sec. 6428. 2020 Recovery Rebates for individuals.''.

SEC. 2102. DELAY OF CERTAIN DEADLINES.

(a) FILING DEADLINES FOR 2019.—

(1) IN GENERAL.—In the case of returns for taxable year 2019, including for purposes of section 6151(a) of the Internal Revenue Code of 1986, section 6072(a) of such Code shall be applied—

(A) by substituting ''July'' for ''April'', and

(B) by substituting ''the seventh month'' for ''the fourth month''.

(2) EFFECTIVE DATE.—Paragraph (1) shall apply to all returns required to be filed for taxable year 2019.

(b) ESTIMATED TAX PAYMENTS FOR INDIVIDUALS.—

(1) IN GENERAL.—In the case of an individual, the due date for any required installment under section 6654 of the Internal Revenue Code of 1986 which (but for the application of this section) would be due during the applicable period shall not be due before October 15, 2020, and all such installments shall be treated as one installment due on such date. The Secretary of the Treasury (or the Secretary's delegate) shall prescribe such regulations or other guidance as may be necessary to carry out the purposes of this subsection.

(2) APPLICABLE PERIOD.—For purposes of this subsection, the applicable period is the period beginning on the date of the enactment of this Act and ending before October 15, 2020.

SEC. 2103. SPECIAL RULES FOR USE OF RETIREMENT FUNDS.

(a) TAX-FAVORED WITHDRAWALS FROM RETIREMENT PLANS.—

(1) IN GENERAL.—Section 72(t) of the Internal Revenue Code of 1986 shall not apply to any coronavirus-related distribution.

(2) AGGREGATE DOLLAR LIMITATION.—

(A) IN GENERAL.—For purposes of this subsection, the aggregate amount of distributions received by an individual which may be treated as coronavirus-related distributions for any taxable year shall not exceed $100,000.

(B) TREATMENT OF PLAN DISTRIBUTIONS.—If a distribution to an individual would (without regard to subparagraph (A)) be a coronavirus-related distribution, a plan shall not be treated as violating any requirement of the Internal Revenue Code of 1986 merely because the plan treats such distribution as a coronavirus-related distribution, unless the aggregate amount of such distributions from all plans maintained by the employer (and any member of any controlled group which includes the employer) to such individual exceeds $100,000.

(C) CONTROLLED GROUP.—For purposes of subparagraph (B), the term ''controlled group'' means any group treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986.

(3) AMOUNT DISTRIBUTED MAY BE REPAID.—

(A) IN GENERAL.—Any individual who receives a coronavirus-related distribution may, at any time during the 3-year period beginning on the day after the date on which such distribution was received, make 1 or more contributions in an aggregate amount not to exceed the amount of such distribution to an eligible retirement plan of which such individual is a beneficiary and to which a rollover contribution of such distribution could be made under section 402(c), 403(a)(4), 403(b)(8), 408(d)(3), or 457(e)(16), of the Internal Revenue Code of 1986, as the case may be.

(B) TREATMENT OF REPAYMENTS OF DISTRIBUTIONS FROM ELIGIBLE RETIREMENT PLANS OTHER THAN IRAS.—For purposes of the Internal Revenue Code of 1986, if a contribution is made pursuant to subparagraph (A) with respect to a coronavirus-related distribution from an eligible retirement plan other than an individual retirement plan, then the taxpayer shall, to the extent of the amount of the contribution, be treated as having received the coronavirus-related distribution in an eligible rollover distribution (as defined in section 402(c)(4) of such Code) and as having transferred the amount to the eligible retirement plan in a direct trustee to trustee transfer within 60 days of the distribution.

(C) TREATMENT OF REPAYMENTS OF DISTRIBUTIONS FROM IRAS.—For purposes of the Internal Revenue Code of 1986, if a contribution is made pursuant to subparagraph (A) with respect to a coronavirus-related distribution from an individual retirement plan (as defined by section 7701(a)(37) of such Code), then, to the extent of the amount of the contribution, the coronavirus-related distribution shall be treated as a distribution described in section 408(d)(3) of such Code and as having been transferred to the eligible retirement plan in a direct trustee to trustee transfer within 60 days of the distribution.

(4) DEFINITIONS.—For purposes of this subsection—

(A) CORONAVIRUS-RELATED DISTRIBUTION.—Except as provided in paragraph (2), the term ''coronavirus-related distribution'' means any distribution from an eligible retirement plan made—

(i) on or after the date of the enactment of this Act and before December 31, 2020,

(ii) to an individual—

(I) who is diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention,

(II) whose spouse or dependent (as defined in section 152 of the Internal Revenue Code of 1986) is diagnosed with such virus or disease by such a test, or

(III) who experiences adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or other factors as determined by the Secretary of the Treasury (or the Secretary's delegate).

(B) ELIGIBLE RETIREMENT PLAN.—The term ''eligible retirement plan'' has the meaning given such term by section 402(c)(8)(B) of the Internal Revenue Code of 1986.

(5) INCOME INCLUSION SPREAD OVER 3-YEAR PERIOD.—

(A) IN GENERAL.—In the case of any coronavirus-related distribution, unless the taxpayer elects not to have this paragraph apply for any taxable year, any amount required to be included in gross income for such taxable year shall be so included ratably over the 3-taxable-year period beginning with such taxable year.

(B) SPECIAL RULE.—For purposes of subparagraph (A), rules similar to the rules of subparagraph (E) of section 408A(d)(3) of the Internal Revenue Code of 1986 shall apply.

(6) SPECIAL RULES.—

(A) EXEMPTION OF DISTRIBUTIONS FROM TRUSTEE TO TRUSTEE TRANSFER AND WITHHOLDING RULES.—For purposes of sections 401(a)(31), 402(f), and 3405 of the Internal Revenue Code of 1986, coronavirus-related distributions shall not be treated as eligible rollover distributions.

(B) CORONAVIRUS-RELATED DISTRIBUTIONS TREATED AS MEETING PLAN DISTRIBUTION REQUIREMENTS.—For purposes of the Internal Revenue Code of 1986, a coronavirus-related distribution shall be treated as meeting the requirements of sections 401(k)(2)(B)(i), 403(b)(7)(A)(i), 403(b)(11), and 457(d)(1)(A) of such Code.

(b) LOANS FROM QUALIFIED PLANS.—

(1) INCREASE IN LIMIT ON LOANS NOT TREATED AS DISTRIBUTIONS.—In the case of any loan from a qualified employer plan (as defined

under section 72(p)(4) of the Internal Revenue Code of 1986) to a qualified individual made during the 180-day period beginning on the date of the enactment of this Act—

(A) clause (i) of section 72(p)(2)(A) of such Code shall be applied by substituting ''$100,000'' for ''$50,000'', and

(B) clause (ii) of such section shall be applied by substituting ''the present value of the nonforfeitable accrued benefit of the employee under the plan'' for ''one-half of the present value of the nonforfeitable accrued benefit of the employee under the plan''.

(2) DELAY OF REPAYMENT.—In the case of a qualified individual with an outstanding loan (on or after the date of the enactment of this Act) from a qualified employer plan (as defined in section 72(p)(4) of the Internal Revenue Code of 1986)—

(A) if the due date pursuant to subparagraph (B) or (C) of section 72(p)(2) of such Code for any repayment with respect to such loan occurs during the period beginning on the date of the enactment of this Act and ending on December 31, 2020, such due date shall be delayed for 1 year (or, if later, until the date which is 180 days after the date of the enactment of this Act),

(B) any subsequent repayments with respect to any such loan shall be appropriately adjusted to reflect the delay in the due date under subparagraph (A) and any interest accruing during such delay, and

(C) in determining the 5-year period and the term of a loan under subparagraph (B) or (C) of section 72(p)(2) of such Code, the period described in subparagraph (A) of this paragraph shall be disregarded.

(3) QUALIFIED INDIVIDUAL.—For purposes of this subsection, the term ''qualified individual'' means any individual who is described in subsection (a)(4)(A)(ii).

(c) PROVISIONS RELATING TO PLAN AMENDMENTS.—

(1) IN GENERAL.—If this subsection applies to any amendment to any plan or annuity contract, such plan or contract shall be treated as being operated in accordance with the terms of the plan during the period described in paragraph (2)(B)(i).

(2) AMENDMENTS TO WHICH SUBSECTION APPLIES.—

(A) IN GENERAL.—This subsection shall apply to any amendment to any plan or annuity contract which is made—

(i) pursuant to any provision of this section, or pursuant to any regulation issued by the Secretary of the Treasury or the Secretary of Labor (or the delegate of either such Secretary) under any provision of this section, and

(ii) on or before the last day of the first plan year beginning on or after January 1, 2020, or such later date as the Secretary of the Treasury (or the Secretary's delegate) may prescribe.

In the case of a governmental plan (as defined in section 414(d) of the Internal Revenue Code of 1986), clause (ii) shall be applied by substituting the date which is 2 years after the date otherwise applied under clause (ii).

(B) CONDITIONS.—This subsection shall not apply to any amendment unless—

(i) during the period—

(I) beginning on the date that this section or the regulation described in subparagraph (A)(i) takes effect (or in the case of a plan or contract amendment not required by this section or such regulation, the effective date specified by the plan), and

(II) ending on the date described in subparagraph (A)(ii) (or, if earlier, the date the plan or contract amendment is adopted),

the plan or contract is operated as if such plan or contract amendment were in effect, and

(ii) such plan or contract amendment applies retroactively for such period.

SEC. 2104. ALLOWANCE OF PARTIAL ABOVE THE LINE DEDUCTION FOR CHARITABLE CONTRIBUTIONS.

(a) IN GENERAL.—Section 62(a) of the Internal Revenue Code of 1986 is amended by inserting after paragraph (21) the following new paragraph:

''(22) CHARITABLE CONTRIBUTIONS.—In the case of taxable years beginning in 2020, the amount (not to exceed $300) of qualified charitable contributions made by an eligible taxpayer during the taxable year .''.

(b) DEFINITIONS.—Section 62 of such Code is amended by adding at the end the following new subsection:

''(f) DEFINITIONS RELATING TO QUALIFIED CHARITABLE CONTRIBUTIONS.—For purposes of subsection (a)(22)—

''(1) ELIGIBLE TAXPAYER.—The term 'eligible taxpayer' means any individual who does not elect to itemize deductions.

''(2) QUALIFIED CHARITABLE CONTRIBUTIONS.—The term 'qualified charitable contribution' means a charitable contribution (as defined in section 170(c))—

''(A) which is made in cash,

''(B) for which a deduction is allowable under section 170 (determined without regard to subsection (b) thereof), and

''(C) which is—

''(i) made to an organization described in section 170(b)(1)(A), and

''(ii) not—

''(I) to an organization described in section 509(a)(3), or

''(II) for the establishment of a new, or maintenance of an existing, donor advised fund (as defined in section 4966(d)(2)).

Such term shall not include any amount which is treated as a charitable contribution made in such taxable year under subsection (b)(1)(G) or (d)(1) of section 170.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2019.

SEC. 2105. MODIFICATION OF LIMITATIONS ON CHARITABLE CONTRIBUTIONS DURING 2020.

(a) TEMPORARY SUSPENSION OF LIMITATIONS ON CERTAIN CASH CONTRIBUTIONS.—

(1) IN GENERAL.—Except as otherwise provided in paragraph (2), qualified contributions shall be disregarded in applying subsections (b) and (d) of section 170 of the Internal Revenue Code of 1986.

(2) TREATMENT OF EXCESS CONTRIBUTIONS.—For purposes of section 170 of the Internal Revenue Code of 1986—

(A) INDIVIDUALS.—In the case of an individual—

(i) LIMITATION.—Any qualified contribution shall be allowed as a deduction only to the extent that the aggregate of such contributions does not exceed the excess of the taxpayer's contribution base (as defined in subparagraph (H) of section 170(b)(1) of such Code) over the amount of all other charitable contributions allowed under section 170(b)(1) of such Code.

(ii) CARRYOVER.—If the aggregate amount of qualified contributions made in the contribution year (within the meaning of section 170(d)(1) of such Code) exceeds the limitation of clause (i), such excess shall be added to the excess described in section 170(b)(1)(G)(ii).

(B) CORPORATIONS.—In the case of a corporation—

(i) LIMITATION.—Any qualified contribution shall be allowed as a deduction only to the extent that the aggregate of such contributions does not exceed the excess of 25 percent of the taxpayer's taxable income (as determined under paragraph (2) of section 170(b) of such Code) over the amount of all other charitable contributions allowed under such paragraph.

(ii) CARRYOVER.—If the aggregate amount of qualified contributions made in the contribution year (within the meaning of section 170(d)(2) of such Code) exceeds the limitation of clause (i), such excess shall be appropriately taken into account under section 170(d)(2) subject to the limitations thereof.

(3) QUALIFIED CONTRIBUTIONS.—

(A) IN GENERAL.—For purposes of this subsection, the term ''qualified contribution'' means any charitable contribution (as defined in section 170(c) of the Internal Revenue Code of 1986) if—

(i) such contribution is paid in cash during calendar year 2020 to an organization described in section 170(b)(1)(A) of such Code, and

(ii) the taxpayer has elected the application of this section with respect to such contribution.

(B) EXCEPTION.—Such term shall not include a contribution by a donor if the contribution is—

(i) to an organization described in section 509(a)(3) of the Internal Revenue Code of 1986, or

(ii) for the establishment of a new, or maintenance of an existing, donor advised fund (as defined in section 4966(d)(2) of such Code).

(C) APPLICATION OF ELECTION TO PARTNERSHIPS AND S CORPORATIONS.—In the case of a partnership or S corporation, the election under subparagraph (A)(ii) shall be made separately by each partner or shareholder.

(b) INCREASE IN LIMITS ON CONTRIBUTIONS OF FOOD INVENTORY.—In the case of any charitable contribution of food during 2020 to which section 170(e)(3)(C) of the Internal Revenue Code of 1986 applies, subclauses (I) and (II) of clause (ii) thereof shall each be applied by substituting ''25 percent'' for ''15 percent.''

(c) EFFECTIVE DATE.—This section shall apply to taxable years ending after December 31, 2019.

TITLE II—BUSINESS PROVISIONS

SEC. 2201. DELAY OF ESTIMATED TAX PAYMENTS FOR CORPORATIONS.

(a) IN GENERAL.—In the case of a corporation, the due date for any required installment under section 6655 of the Internal Revenue Code of 1986 which (but for the application of this section) would be due during the applicable period shall not be due before October 15, 2020, and all such installments shall be treated as one installment due on such date. The Secretary of the Treasury (or the Secretary's delegate) shall prescribe such regulations or other guidance as may be necessary to carry out the purposes of this section.

(b) APPLICABLE PERIOD.—For purposes of this section, the applicable period is the period beginning on the date of the enactment of this Act and ending before October 15, 2020.

SEC. 2202. DELAY OF PAYMENT OF EMPLOYER PAYROLL TAXES.

(a) IN GENERAL.—

(1) TAXES.—Notwithstanding any other provision of law, the payment for applicable employment taxes for the payroll tax deferral period shall not be due before the applicable date.

(2) DEPOSITS.—Notwithstanding section 6302 of the Internal Revenue Code of 1986, an employer shall be treated as having timely made all deposits of applicable employment taxes that are required to be made (without regard to this section) for such taxes during the payroll tax deferral period if all such deposits are made not later than the applicable date.

(3) EXCEPTION.—This subsection shall not apply to any taxpayer if such taxpayer has had indebtedness forgiven under section 1105

of this Act with respect to a loan under section 7(a) of the Small Business Act (15 U.S.C. 636(a)).

(b) SECA.—

(1) IN GENERAL.—Notwithstanding any other provision of law, the payment for 50 percent of the taxes imposed under section 1401(a) of the Internal Revenue Code of 1986 for the payroll tax deferral period shall not be due before the applicable date.

(2) ESTIMATED TAXES.—For purposes of applying section 6654 of the Internal Revenue Code of 1986 to any taxable year which includes any part of the payroll tax deferral period, 50 percent of the of the taxes imposed under section 1401(a) of such Code for the payroll tax deferral period shall not be treated as taxes to which such section 6654 applies.

(c) DEFINITIONS.—For purposes of this section—

(1) APPLICABLE EMPLOYMENT TAXES.—The term ''applicable employment taxes'' means the following:

(A) The taxes imposed under section 3111(a) of the Internal Revenue Code of 1986.

(B) So much of the taxes imposed under section 3211(a) of such Code as are attributable to the rate in effect under section 3111(a) of such Code.

(C) So much of the taxes imposed under section 3221(a) of such Code as are attributable to the rate in effect under section 3111(a) of such Code.

(2) PAYROLL TAX DEFERRAL PERIOD.—The term ''payroll tax deferral period'' means the period beginning on the date of the enactment of this Act and ending before January 1, 2021.

(3) APPLICABLE DATE.—The term ''applicable date'' means—

(A) December 31, 2021, with respect to 50 percent of the amounts to which subsection (a) or (b), as the case may be, apply, and

(B) December 31, 2022, with respect to the remaining such amounts.

(d) TRUST FUNDS HELD HARMLESS.—There are hereby appropriated (out of any money in the Treasury not otherwise appropriated) for each fiscal year to the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund established under section 201 of the Social Security Act (42 U.S.C. 401) and the Social Security Equivalent Benefit Account established under section 15A(a) of the Railroad Retirement Act of 1974 (45 U.S.C. 231n–1(a)) an amount equal to the reduction in the transfers to such fund for such fiscal year by reason of this section. Amounts appropriated by the preceding sentence shall be transferred from the general fund at such times and in such manner as to replicate to the extent possible the transfers which would have occurred to such Trust Fund had such amendments not been enacted.

(e) REGULATORY AUTHORITY.—The Secretary of the Treasury (or the Secretary's delegate) shall issue such regulations or other guidance as necessary to carry out the purposes of this section.

SEC. 2203. MODIFICATIONS FOR NET OPERATING LOSSES.

(a) TEMPORARY REPEAL OF TAXABLE INCOME LIMITATION.—

(1) IN GENERAL.—The first sentence of section 172(a) of the Internal Revenue Code of 1986 is amended by striking ''an amount equal to'' and all that follows and inserting ''an amount equal to—

''(1) in the case of a taxable year beginning before January 1, 2021, the aggregate of the net operating loss carryovers to such year, plus the net operating loss carrybacks to such year, and

''(2) in the case of a taxable year beginning after December 31, 2020, the sum of—

''(A) the aggregate amount of net operating losses arising in taxable years beginning before January 1, 2018, carried to such taxable year, plus

''(B) the lesser of—

''(i) the aggregate amount of net operating losses arising in taxable years beginning after December 31, 2017, carried to such taxable year, or

''(ii) 80 percent of the excess (if any) of—

''(I) taxable income computed without regard to the deductions under this section and sections 199A and 250, over

''(II) the amount determined under subparagraph (A).''.

(2) CONFORMING AMENDMENTS.—

(A) Section 172(b)(2)(C) of such Code is amended to read as follows:

''(C) for taxable years beginning after December 31, 2020, be reduced by 20 percent of the excess (if any) described in subsection (a)(2)(B)(ii) for such taxable year.''.

(B) Section 172(d)(6)(C) of such Code is amended by striking ''subsection (a)(2)'' and inserting ''subsection (a)(2)(B)(ii)(I)''.

(C) Section 860E(a)(3)(B) of such Code is amended by striking all that follows ''for purposes of'' and inserting ''subsection (a)(2)(B)(ii)(I) and the second sentence of subsection (b)(2) of section 172.''.

(b) MODIFICATION OF RULES RELATING TO CARRYBACKS.—

(1) IN GENERAL.—Section 172(b)(1) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

''(D) SPECIAL RULE FOR LOSSES ARISING IN 2018, 2019, AND 2020.—

''(i) IN GENERAL.—In the case of any net operating loss arising in a taxable year beginning after December 31, 2017, and before January 1, 2020—

''(I) such loss shall be a net operating loss carryback to each of the 5 taxable years preceding the taxable year of such loss, and

''(II) subparagraphs (B) and (C)(i) shall not apply.

''(ii) SPECIAL RULES FOR REIT'S.—For purposes of this subparagraph—

''(I) IN GENERAL.—A net operating loss for a REIT year shall not be a net operating loss carryback to any taxable year preceding the taxable year of such loss.

''(II) SPECIAL RULE.—In the case of any net operating loss for a taxable year which is not a REIT year, such loss shall not be carried back to any taxable year which is a REIT year.

''(III) REIT YEAR.—For purposes of this subparagraph, the term 'REIT year' means any taxable year for which the provisions of part II of subchapter M (relating to real estate investment trusts) apply to the taxpayer.

''(iii) ELECTION.—A taxpayer may elect not to have clause (i) apply for any taxable year. Such election shall be made in such manner as prescribed by the Secretary and shall be made—

''(I) in the case of any election relating to a net operating loss arising in a taxable year beginning in 2018 or 2019, by the due date (including extensions of time) for filing the taxpayer's return for the first taxable year ending after the date of the enactment of this subparagraph, and

''(II) in the case of any election relating to a net operating loss arising in a taxable year beginning in 2020, by the due date (including extensions of time) for such taxable year.

Such election, once made for any taxable year, shall be irrevocable for such taxable year.''.

(2) CONFORMING AMENDMENT.—Section 170(b)(1)(A) of such Code, as amended by subsection (c)(2), is amended by striking ''and (C)(i)'' and inserting '', (C)(i), and (D)''.

(c) TECHNICAL AMENDMENT RELATING TO SECTION 13302 OF PUBLIC LAW 115–97.—

(1) Section 13302(e) of Public Law 115–97 is amended to read as follows:

''(e) EFFECTIVE DATES.—

''(1) NET OPERATING LOSS LIMITATION.—The amendments made by subsections (a) and (d)(2) shall apply to—

''(A) taxable years beginning after December 31, 2017, and

''(B) taxable years beginning on or before December 31, 2017, to which net operating losses arising in taxable years beginning after December 31, 2017, are carried.

''(2) CARRYFORWARDS AND CARRYBACKS.—The amendments made by subsections (b), (c), and (d)(1) shall apply to net operating losses arising in taxable years beginning after December 31, 2017.''.

(2) Section 172(b)(1)(A) of the Internal Revenue Code of 1986 is amended to read as follows:

''(A) GENERAL RULE.—A net operating loss for any taxable year—

''(i) shall be a net operating loss carryback to the extent provided in subparagraphs (B) and (C)(i), and

''(ii) except as provided in subparagraph (C)(ii), shall be a net operating loss carryover—

''(I) in the case of a net operating loss arising in a taxable year beginning before January 1, 2018, to each of the 20 taxable years following the taxable year of the loss, and

''(II) in the case of a net operating loss arising in a taxable year beginning after December 31, 2017, to each taxable year following the taxable year of the loss.''.

(d) EFFECTIVE DATES.—

(1) NET OPERATING LOSS LIMITATION.—The amendments made by subsection (a) shall apply—

(A) to taxable years beginning after December 31, 2017, and

(B) taxable years beginning on or before December 31, 2017, to which net operating losses arising in taxable years beginning after December 31, 2017, are carried.

(2) CARRYFORWARDS AND CARRYBACKS.—The amendment made by subsection (b) shall apply to net operating losses arising in taxable years beginning after December 31, 2017.

(3) TECHNICAL AMENDMENTS.—The amendments made by subsection (c) shall take effect as if included in the provisions of Public Law 115–97 to which they relate.

(4) SPECIAL RULE.—In the case of a net operating loss arising in a taxable year beginning before January 1, 2018, and ending after December 31, 2017—

(A) an application under section 6411(a) of the Internal Revenue Code of 1986 with respect to the carryback of such net operating loss shall not fail to be treated as timely filed if filed not later than the date which is 120 days after the date of the enactment of this Act, and

(B) an election to—

(i) forgo any carryback of such net operating loss,

(ii) reduce any period to which such net operating loss may be carried back, or

(iii) revoke any election made under section 172(b) to forgo any carryback of such net operating loss,

shall not fail to be treated as timely made if made not later than the date which is 120 days after the date of the enactment of this Act.

SEC. 2204. MODIFICATION OF LIMITATION ON LOSSES FOR TAXPAYERS OTHER THAN CORPORATIONS.

(a) IN GENERAL.—Section 461(l)(1) of the Internal Revenue Code of 1986 is amended by striking ''December 31, 2017'' and inserting ''December 31, 2020''.

(b) TECHNICAL AMENDMENTS RELATING TO SECTION 11012 OF PUBLIC LAW 115–97.—

(1) Section 461(l)(2) of the Internal Revenue Code of 1986 is amended by striking ''a net

operating loss carryover to the following taxable year under section 172'' and inserting ''a net operating loss for the taxable year for purposes of determining any net operating loss carryover under section 172(b) for subsequent taxable years''.

(2) Section 461(l)(3)(A) of such Code is amended—

(A) in clause (i), by inserting ''and without regard to any deduction allowable under section 172 or 199A'' after ''under paragraph (1)'', and

(B) by adding at the end the following flush sentence:

''Such excess shall be determined without regard to any deductions, gross income, or gains attributable to any trade or business of performing services as an employee.''.

(3) Section 461(l)(3) of such Code is amended by redesignating subparagraph (B) as subparagraph (C) and by inserting after subparagraph (A) the following new subparagraph:

''(B) TREATMENT OF CAPITAL GAINS AND LOSSES.—

''(i) LOSSES.—Deductions for losses from sales or exchanges of capital assets shall not be taken into account under subparagraph (A)(i).

''(ii) GAINS.—The amount of gains from sales or exchanges of capital assets taken into account under subparagraph (A)(ii) shall not exceed the lesser of—

''(I) the capital gain net income determined by taking into account only gains and losses attributable to a trade or business, or

''(II) the capital gain net income.''.

(c) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by subsection (a) shall apply to taxable years beginning after December 31, 2017.

(2) TECHNICAL AMENDMENTS.—The amendments made by subsection (b) shall take effect as if included in the provisions of Public Law 115–97 to which they relate.

SEC. 2205. MODIFICATION OF CREDIT FOR PRIOR YEAR MINIMUM TAX LIABILITY OF CORPORATIONS.

(a) IN GENERAL.—Section 53(e) of the Internal Revenue Code of 1986 is amended to read as follows:

''(e) CREDIT TREATED AS REFUNDABLE FOR CERTAIN TAXPAYERS.—In the case of the first taxable year of a corporation beginning in 2018—

''(1) subsection (c) shall not apply, and

''(2) for purposes of this title (other than this section), the credit allowed by reason of this subsection shall be treated as allowed under subpart C (and not this subpart).''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.

SEC. 2206. MODIFICATION OF LIMITATION ON BUSINESS INTEREST.

(a) IN GENERAL.—Section 163(j) of the Internal Revenue Code of 1986 is amended by redesignating paragraph (10) as paragraph (11) and by inserting after paragraph (9) the following new paragraph:

''(10) SPECIAL RULE FOR TAXABLE YEARS BEGINNING IN 2019 AND 2020.—

''(A) IN GENERAL.—In the case of any taxable year beginning in 2019 or 2020, paragraph (1)(B) shall be applied by substituting '50 percent' for '30 percent'.

''(B) ELECTION TO USE 2019 INCOME FOR TAXABLE YEARS BEGINNING IN 2020.—

''(i) IN GENERAL.—Subject to clause (ii), in the case of any taxable year beginning in 2020, the taxpayer may elect to apply this subsection by substituting the adjusted taxable income of the taxpayer for the last taxable year beginning in 2019 for the adjusted taxable income for such taxable year.

''(ii) SPECIAL RULE FOR SHORT TAXABLE YEARS.—No election may be made under clause (i) with respect to any taxable year beginning in 2020 if such taxable year is a short taxable year.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2018.

SEC. 2207. TECHNICAL AMENDMENTS REGARDING QUALIFIED IMPROVEMENT PROPERTY.

(a) IN GENERAL.—Section 168 of the Internal Revenue Code of 1986 is amended—

(1) in subsection (e)—

(A) in paragraph (3)(E), by striking ''and'' at the end of clause (v), by striking the period at the end of clause (vi) and inserting '', and'', and by adding at the end the following new clause:

''(vii) any qualified improvement property.'', and

(B) in paragraph (6)(A), by inserting ''made by the taxpayer'' after ''any improvement'', and

(2) in the table contained in subsection (g)(3)(B)—

(A) by striking the item relating to subparagraph (D)(v), and

(B) by inserting after the item relating to subparagraph (E)(vi) the following new item:

''(E)(vii) ..... 20''.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in section 13204 of Public Law 115–97.

SEC. 2208. INSTALLMENTS NOT TO PREVENT CREDIT OR REFUND OF OVERPAYMENTS OR INCREASE ESTIMATED TAXES.

(a) IN GENERAL.—Section 965(h) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(7) INSTALLMENTS NOT TO PREVENT CREDIT OR REFUND OF OVERPAYMENTS OR INCREASE ESTIMATED TAXES.—If an election is made under paragraph (1) to pay the net tax liability under this section in installments—

''(A) no installment of such net tax liability shall—

''(i) in the case of a request for credit or refund, be taken into account as a liability for purposes of determining whether an overpayment exists for purposes of section 6402 before the date on which such installment is due, or

''(ii) for purposes of sections 6425, 6654, and 6655, be treated as a tax imposed by section 1, section 11, or subchapter L of chapter 1, and

''(B) the first sentence of section 6403 shall not apply with respect to any such installment.''.

(b) LIMITATION ON PAYMENT OF INTEREST.—In the case of the portion of any overpayment which exists by reason of the application of section 965(h)(7) of the Internal Revenue Code of 1986 (as added by this section)—

(1) if credit or refund of such portion is made on or before the date which is 45 days after the date of the enactment of this Act, no interest shall be allowed or paid under section 6611 of such Code with respect to such portion; and

(2) if credit or refund of such portion is made after the date which is 45 days after the date of the enactment of this Act, no interest shall be allowed or paid under section 6611 of such Code with respect to such portion for any period before the date of the enactment of this Act.

(c) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in section 14103 of Public Law 115–97.

SEC. 2209. RESTORATION OF LIMITATION ON DOWNWARD ATTRIBUTION OF STOCK OWNERSHIP IN APPLYING CONSTRUCTIVE OWNERSHIP RULES.

(a) IN GENERAL.—Section 958(b) of the Internal Revenue Code of 1986 is amended—

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

''(4) Subparagraphs (A), (B), and (C) of section 318(a)(3) shall not be applied so as to consider a United States person as owning stock which is owned by a person who is not a United States person.'', and

(2) by striking ''Paragraph (1)'' in the last sentence and inserting ''Paragraphs (1) and (4)''.

(b) FOREIGN CONTROLLED UNITED STATES SHAREHOLDERS.—Subpart F of part III of subchapter N of chapter 1 of such Code is amended by inserting after section 951A the following new section:

''SEC. 951B. AMOUNTS INCLUDED IN GROSS INCOME OF FOREIGN CONTROLLED UNITED STATES SHAREHOLDERS.

''(a) IN GENERAL.—In the case of any foreign controlled United States shareholder of a foreign controlled foreign corporation—

''(1) this subpart (other than sections 951A, 951(b), 957, and 965) shall be applied with respect to such shareholder (separately from, and in addition to, the application of this subpart without regard to this section)—

''(A) by substituting 'foreign controlled United States shareholder' for 'United States shareholder' each place it appears therein, and

''(B) by substituting 'foreign controlled foreign corporation' for 'controlled foreign corporation' each place it appears therein, and

''(2) sections 951A and 965 shall be applied with respect to such shareholder—

''(A) by treating each reference to 'United States shareholder' in such sections as including a reference to such shareholder, and

''(B) by treating each reference to 'controlled foreign corporation' in such sections as including a reference to such foreign controlled foreign corporation.

''(b) FOREIGN CONTROLLED UNITED STATES SHAREHOLDER.—For purposes of this section, the term 'foreign controlled United States shareholder' means, with respect to any foreign corporation, any United States person which would be a United States shareholder with respect to such foreign corporation if—

''(1) section 951(b) were applied by substituting 'more than 50 percent' for '10 percent or more', and

''(2) section 958(b) were applied without regard to paragraph (4) thereof.

''(c) FOREIGN CONTROLLED FOREIGN CORPORATION.—For purposes of this section, the term 'foreign controlled foreign corporation' means a foreign corporation, other than a controlled foreign corporation, which would be a controlled foreign corporation if section 957(a) were applied—

''(1) by substituting 'foreign controlled United States shareholders' for 'United States shareholders', and

''(2) by substituting 'section 958(b) (other than paragraph (4) thereof)' for 'section 958(b)'.

''(d) REGULATIONS.—The Secretary shall prescribe such regulations or other guidance as may be necessary or appropriate to carry out the purposes of this section, including regulations or other guidance—

''(1) to treat a foreign controlled United States shareholder or a foreign controlled foreign corporation as a United States shareholder or as a controlled foreign corporation, respectively, for purposes of provisions of this title other than this subpart, and

''(2) to prevent the avoidance of the purposes of this section.''.

(c) CLERICAL AMENDMENT.—The table of sections for subpart F of part III of subchapter N of chapter 1 of such Code is amended by inserting after the item relating to section 951A the following new item:

''Sec. 951B. Amounts included in gross income of foreign controlled United States shareholders.''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to—

(1) the last taxable year of foreign corporations beginning before January 1, 2018, and each subsequent taxable year of such foreign corporations, and

(2) taxable years of United States persons in which or with which such taxable years of foreign corporations end.

DIVISION C—ASSISTANCE TO SEVERELY DISTRESSED SECTORS OF THE UNITED STATES ECONOMY

TITLE I—ECONOMIC STABILIZATION

SEC. 3101. SHORT TITLE.

This title may be cited as the ''Coronavirus Economic Stabilization Act of 2020''.

SEC. 3102. EMERGENCY RELIEF THROUGH LOANS AND LOAN GUARANTEES.

(a) IN GENERAL.—Notwithstanding any other provision of law, to provide liquidity to eligible businesses related to losses incurred as a direct result of coronavirus, the Secretary is authorized to make or guarantee loans to eligible businesses that do not, in the aggregate, exceed $208,000,000,000 and provide the subsidy amounts necessary for such loans and loan guarantees in accordance with the provisions of the Federal Credit Reform Act of 1990 (2 U.S.C. 661 et seq.).

(b) DISTRIBUTION OF LOANS AND LOAN GUARANTEES.—Loans and loan guarantees made pursuant to subsection (a) shall be made available to eligible business as follows:

(1) Not more than $50,000,000,000 shall be available for passenger air carriers.

(2) Not more than $8,000,000,000 shall be available for cargo air carriers.

(3) Not more than $150,000,000,000 shall be available for other eligible businesses.

(c) LOANS AND LOAN GUARANTEES.—

(1) IN GENERAL.—The Secretary shall review and decide on applications for loans and loan guarantees under this section and may enter into agreements to make or guarantee loans to one or more obligors if the Secretary determines, in the Secretary's discretion, that—

(A) the obligor is a eligible business for which credit is not reasonably available at the time of the transaction;

(B) the intended obligation by the obligor is prudently incurred; and

(C) the loan is sufficiently secured.

(2) TERMS AND LIMITATIONS.—

(A) FORMS; TERMS AND CONDITIONS.—A loan or loan guarantee shall be issued under this section in such form and on such terms and conditions and contain such covenants, representatives, warranties, and requirements (including requirements for audits) as the Secretary determines appropriate. Any loans made by the Secretary under this section shall be at a rate not less than a rate determined by the Secretary taking into consideration the current average yield on outstanding marketable obligations of the United States of comparable maturity.

(B) PROCEDURES.—As soon as practicable, but in no case later than 10 days after the date of enactment of this Act, the Secretary shall publish procedures for application and minimum requirements, which may be supplemented by the Secretary in the Secretary's discretion, for the making of loans and loan guarantees under this section.

(d) FINANCIAL PROTECTION OF GOVERNMENT.—

(1) IN GENERAL.—To the extent feasible and practicable, the Secretary shall ensure that the Federal Government is compensated for the risk assumed in making loans and loan guarantees under this section.

(2) GOVERNMENT PARTICIPATION IN GAINS.—If an eligible business receives a loan or loan guarantee from the Federal Government under this section, the Secretary is authorized to enter into contracts under which the Federal Government, contingent on the financial success of the eligible business, would participate in the gains of the eligible business or its security holders through the use of such instruments as warrants, stock options, common or preferred stock, or other appropriate equity instruments.

(e) DEPOSIT OF PROCEEDS.—Amounts collected by the Secretary under this section, including the proceeds of investments, earnings, and interest collected, shall be deposited as follows:

(1) Amounts collected from eligible businesses that received loans or loan guarantees under paragraph (1) or (2) of subsection (b) shall be deposited in the Airport and Airway Trust Fund under section 9502 of the Internal Revenue Code of 1986.

(2) Amounts collected from eligible businesses that received loans or loan guarantees under paragraph (3) of subsection (b) shall be deposited in the Treasury as miscellaneous receipts.

(f) ADMINISTRATIVE EXPENSES.—Notwithstanding any other provision of law, the Secretary may use $100,000,000 of the funds made available under this section to pay costs and administrative expenses associated with the provision of direct loans or guarantees authorized under this section.

(g) CONFORMING AMENDMENT.—Section 10(a) of the Gold Reserve Act of 1934 (31 U.S.C. 5302(a)) is amended—

(1) by striking ''and'' before ''section 3''; and

(2) by inserting ''and the Coronavirus Economic Stabilization Act of 2020,'' before ''and for investing''.

SEC. 3103. LIMITATION ON CERTAIN EMPLOYEE COMPENSATION.

(a) IN GENERAL.—The Secretary may only enter into a loan or loan agreement under section 3102(a) with an eligible business after the eligible business enters into a legally binding agreement with the Secretary that, during the 2-year period beginning March 1, 2020, and ending March 1, 2022, no officer or employee of the eligible business whose total compensation exceeded $425,000 in calendar year 2019 (other than an employee whose compensation is determined through an existing collective bargaining agreement entered into prior to March 1, 2020)—

(1) will receive from the eligible business total compensation which exceeds, during any 12 consecutive months of such 2-year period, the total compensation received by the officer or employee from the eligible business in calendar year 2019; and

(2) will receive from the eligible business severance pay or other benefits upon termination of employment with the eligible business which exceeds twice the maximum total compensation received by the officer or employee from the eligible business in calendar year 2019.

(b) TOTAL COMPENSATION DEFINED.—In this section, the term ''total compensation'' includes salary, bonuses, awards of stock, and other financial benefits provided by an eligible business to an officer or employee of the eligible business.

SEC. 3104. CONTINUATION OF CERTAIN AIR SERVICE.

The Secretary of Transportation is authorized to require, to the extent reasonable and practicable, an air carrier receiving loans and loan guarantees under section 3102 to maintain scheduled air transportation service as the Secretary of Transportation deems necessary to ensure services to any point served by that carrier before March 1, 2020. When considering whether to exercise the authority granted by this section, the Secretary of Transportation shall take into consideration the air transportation needs of small and remote communities.

SEC. 3105. REPORTS.

(a) SECRETARY.—The Secretary shall, with respect to the loans and loan guarantees provided under section 3102, make such reports as are required under section 5302 or title 31, United States Code.

(b) GOVERNMENT ACCOUNTABILITY OFFICE.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study on the loans and loan guarantees provided under section 3102.

(2) REPORT.—Not later than 9 months after the date of enactment of this Act, and annually thereafter through the year succeeding the last year for which loans or loan guarantees provided under section 3102 are in effect, the Comptroller General shall submit to the Committee on Transportation and Infrastructure, the Committee on Appropriations, and the Committee on the Budget of the House of Representatives and the Committee on Commerce, Science, and Transportation, the Committee on Appropriations, and the Committee on the Budget of the Senate a report on the loans and loan guarantees provided under section 3102.

SEC. 3106. COORDINATION WITH SECRETARY OF TRANSPORTATION.

In implementing this title with respect to air carriers, the Secretary shall coordinate with the Secretary of Transportation.

SEC. 3107. DEFINITIONS.

In this title:

(1) AIR CARRIER.—The term ''air carrier'' has the meaning such term has under section 40102 of title 49, United States Code.

(2) CORONAVIRUS.—The term ''coronavirus'' means SARS-CoV-2 or another coronavirus with pandemic potential.

(3) COVERED LOSS.—The term ''covered loss'' includes losses, direct or incremental, incurred as a result of coronavirus, as determined by the Secretary.

(4) ELIGIBLE BUSINESS.—The term ''eligible business'' means—

(A) an air carrier; or

(B) a United States business that has incurred covered losses such that the continued operations of the business are jeopardized, as determined by the Secretary, and that has not otherwise applied for or received economic relief in the form of loans or loan guarantees provided under any other provision of this Act.

(5) SECRETARY.—The term ''Secretary'' means the Secretary of the Treasury, or the designee of the Secretary of the Treasury.

SEC. 3108. RULE OF CONSTRUCTION.

Nothing in this title shall be construed to allow the Secretary to provide relief to eligible businesses except in the form of secured loans and loan guarantees as provided in this title and under terms and conditions that are in the interest of the Federal Government.

TITLE II—AVIATION EXCISE TAXES

SEC. 3201. SUSPENSION OF CERTAIN AVIATION EXCISE TAXES.

(a) TRANSPORTATION BY AIR.—In the case of any payment for transportation by air (including any amount treated as paid for transportation by air by reason of section 4261(e)(3) of the Internal Revenue Code of 1986) during the excise tax holiday period, no tax shall be imposed under section 4261 or 4271 of such Code. The preceding sentence shall not apply to amounts paid for transportation on or before the date of the enactment of this Act.

(b) USE OF KEROSENE IN COMMERCIAL AVIATION.—In the case of kerosene used in commercial aviation (as defined in section 4083 of the Internal Revenue Code of 1986) during the excise tax holiday period—

(1) no tax shall be imposed on such kerosene under—

(A) section 4041(c) of the Internal Revenue Code of 1986, or

(B) section 4081 of such Code (other than at the rate provided in subsection (a)(2)(B) thereof), and

(2) section 6427(l) of such Code shall be applied—

(A) by treating such use as a nontaxable use, and

(B) without regard to paragraph (4)(A)(ii) thereof.

(c) EXCISE TAX HOLIDAY PERIOD.—For purposes of section, the term ''excise tax holiday period'' means the period beginning after the date of the enactment of this section and ending before January 1, 2021.

DIVISION D—HEALTH CARE RESPONSE

TITLE I—HEALTH PROVISIONS

Subtitle A—Addressing Supply Shortages

PART I—MOVING THE STRATEGIC NATIONAL STOCKPILE TO ASPR

SEC. 4101. MOVING THE STRATEGIC NATIONAL STOCKPILE TO ASPR.

Section 319F–2(a)(1) of the Public Health Service Act (42 U.S.C. 247d–6b(a)(1)) is amended by striking ''The Secretary, in collaboration with the Assistant Secretary for Preparedness and Response and the Director of the Centers for Disease Control and Prevention, and in coordination with the Secretary of Homeland Security (referred to in this section as the 'Homeland Security Secretary'), shall maintain'' and inserting ''The Secretary, in collaboration with the Assistant Secretary for Preparedness and Response, and in coordination with the Secretary of Homeland Security (referred to in this section as the 'Homeland Security Secretary'), shall maintain''.

PART II—MEDICAL PRODUCT SUPPLIES

SEC. 4111. NATIONAL ACADEMIES REPORT ON AMERICA'S MEDICAL PRODUCT SUPPLY CHAIN SECURITY.

(a) IN GENERAL.—Not later than 60 days after the date of enactment of this Act, the Secretary of Health and Human Services shall enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (referred to in this section as the ''National Academies'') to examine, and, in a manner that does not compromise national security, report on, the security of the United States medical product supply chain.

(b) PURPOSES.—The report developed under this section shall—

(1) assess and evaluate the dependence of the United States, including the private commercial sector, States, and the Federal Government, on critical drugs and devices that are sourced or manufactured outside of the United States, which may include an analysis of—

(A) the supply chain of critical drugs and devices of greatest priority to providing health care;

(B) any potential public health security or national security risks associated with reliance on critical drugs and devices sourced or manufactured outside of the United States, which may include responses to previous or existing shortages or public health emergencies, such as infectious disease outbreaks, bioterror attacks, and other public health threats;

(C) any existing supply chain information gaps, as applicable; and

(D) potential economic impact of increased domestic manufacturing; and

(2) provide recommendations, which may include a plan to improve the resiliency of the supply chain for critical drugs and devices as described in paragraph (1), and to address any supply vulnerabilities or potential disruptions of such products that would significantly affect or pose a threat to public health security or national security, as appropriate, which may include strategies to—

(A) promote supply chain redundancy and contingency planning;

(B) encourage domestic manufacturing, including consideration of economic impacts, if any;

(C) improve supply chain information gaps;

(D) improve planning considerations for medical product supply chain capacity during public health emergencies; and

(E) promote the accessibility of such drugs and devices.

(c) INPUT.—In conducting the study and developing the report under subsection (b), the National Academies shall—

(1) consider input from the Department of Health and Human Services, the Department of Homeland Security, the Department of Defense, the Department of Commerce, the Department of State, the Department of Veterans Affairs, the Department of Justice, and any other Federal agencies as appropriate; and

(2) consult with relevant stakeholders, which may include conducting public meetings and other forms of engagement, as appropriate, with health care providers, medical professional societies, State-based societies, public health experts, State and local public health departments, State medical boards, patient groups, medical product manufacturers, health care distributors, wholesalers and group purchasing organizations, pharmacists, and other entities with experience in health care and public health, as appropriate.

(d) DEFINITIONS.—In this section, the terms ''device'' and ''drug'' have the meanings given such terms in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

SEC. 4112. REQUIRING THE STRATEGIC NATIONAL STOCKPILE TO INCLUDE CERTAIN TYPES OF MEDICAL SUPPLIES.

Section 319F–2(a)(1) of the Public Health Service Act (42 U.S.C. 247d–6b(a)(1)) is amended by inserting ''(including personal protective equipment, ancillary medical supplies, and other applicable supplies required for the administration of drugs, vaccines and other biological products, medical devices, and diagnostic tests in the stockpile)'' after ''other supplies''.

SEC. 4113. TREATMENT OF RESPIRATORY PROTECTIVE DEVICES AS COVERED COUNTERMEASURES.

Section 319F–3(i)(1) of the Public Health Service Act (42 U.S.C. 247d–6d(i)(1)) is amended—

(1) in subparagraph (B), by striking ''or'' at the end;

(2) in subparagraph (C), by striking the period at the end and inserting ''; or''; and

(3) by adding at the end the following:

''(D) a respiratory protective device that is approved by the National Institute for Occupational Safety and Health under part 84 of title 42, Code of Federal Regulations (or any successor regulations), and that the Secretary determines to be a priority for use during a public health emergency declared pursuant to section 319.''.

PART III—MITIGATING EMERGENCY DRUG SHORTAGES

SEC. 4121. PRIORITIZE REVIEWS OF DRUG APPLICATIONS; INCENTIVES.

Section 506C(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356c(g)) is amended—

(1) in paragraph (1), by striking ''the Secretary may'' and inserting ''the Secretary shall, as appropriate'';

(2) in paragraph (1), by inserting ''prioritize and'' before ''expedite the review''; and

(3) in paragraph (2), by inserting ''prioritize and'' before ''expedite an inspection''.

SEC. 4122. ADDITIONAL MANUFACTURER REPORTING REQUIREMENTS IN RESPONSE TO DRUG SHORTAGES.

(a) EXPANSION TO INCLUDE ACTIVE PHARMACEUTICAL INGREDIENTS.—Subsection (a) of section 506C of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356c) is amended—

(1) in paragraph (1)(C), by inserting ''or any such drug that is critical to the public health during a public health emergency determined under section 319 of the Public Health Service Act'' after ''during surgery''; and

(2) in the flush text at the end—

(A) by inserting '', or a discontinuance or an interruption in the manufacture of the active pharmaceutical ingredients of such drug,'' before ''that is likely''; and

(B) by adding at the end the following: ''Notification under this subsection shall include disclosure of reasons for the discontinuation or interruption, as applicable; if an active pharmaceutical ingredient is a reason for, or risk factor in, such discontinuation or interruption, the source of the active pharmaceutical ingredient and any alternative sources for the active pharmaceutical ingredient known by the manufacturer; whether any associated medical devices used for preparation or administration included in the finished dosage form is a reason for, or a risk factor in, such discontinuation or interruption; the expected duration of the interruption; and such other information as the Secretary may require.''.

(b) FOIA EXEMPTION.—Section 506C(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356c(d)) is amended by adding at the end the following: ''Information provided by a manufacturer to the Secretary under this section shall not be subject to disclosure under section 552 of title 5, United States Code.''.

(c) MANUFACTURING CONTINGENCY PLANS.—Section 506C of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356c) is amended by adding at the end the following:

''(j) MANUFACTURER CONTINGENCY PLANS.—Each manufacturer of a drug described in subsection (a) or of any active pharmaceutical ingredient or any associated medical devices used for preparation or administration included in the finished dosage form of such a drug, shall maintain contingency and redundancy plans, as applicable, for each establishment in which such drugs or active pharmaceutical ingredients of such drugs are manufactured to help prevent or mitigate interruptions in the supply of the drug or ingredient.''.

(d) ANNUAL NOTIFICATION.—Section 506E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356e) is amended by adding at the end the following:

''(d) INTERAGENCY NOTIFICATION.—Not later than 180 days after the date of enactment of this subsection, and every 90 days thereafter, the Secretary shall transmit a report regarding the drugs of the current drug shortage list under this section to the Administrator of the Centers for Medicare & Medicaid Services.''.

(e) REPORTING AFTER INSPECTIONS.—Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(b)) is amended—

(1) by redesignating paragraphs (1) and (2) and subparagraphs (A) and (B);

(2) by striking ''(b) Upon completion'' and inserting ''(b)(1) Upon completion''; and

(3) by adding at the end the following:

''(2) In carrying out this subsection with respect to any establishment manufacturing a drug approved under subsection (c) or (j) of section 505 for which a notification has been submitted in accordance with section 506C is, or has been in the last 5 years, listed on the drug shortage list under section 506E, or that is described in section 505(j)(11)(A), a copy of

the report shall be sent promptly to the appropriate offices of the Food and Drug Administration with expertise regarding drug shortages. Such offices shall ensure timely and effective coordination regarding the reviews of such report and overseeing the alignment of any feedback regarding such report, or corrective or preventative actions, after consideration of the systematic benefits and risks to public health, patient safety, the drug supply and drug supply chain, and timely patient access to such drugs.''.

(f) EFFECTIVE DATE.—The amendments made by this section and section 4121 shall take effect on the date that is 180 days after the date of enactment of this Act.

SEC. 4123. GAO REPORT ON INTRA-AGENCY COORDINATION.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report examining the Food and Drug Administration's intra-agency coordination, communication, and decision making in assessing drug shortage risks, and taking corrective action.

(b) CONTENT.—The report shall include—

(1) consideration of—

(A) risks associated with violations of current good manufacturing practices;

(B) corrective and preventative actions with respect to such violations requested by the Food and Drug Administration;

(C) the effects of potential manufacturing slow-downs or shut-downs on potential drug shortages, including the discontinuance of drug manufacturing and marketing;

(D) efforts to prioritize review of applications for drugs that the Secretary has determined under section 506E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356e) to be in shortage; and

(E) efforts to prioritize inspections of facilities necessary for approval of applications for drugs described in subparagraph (D);

(2) a description of how the Food and Drug Administration proactively coordinates strategies to mitigate the consequences of the violations, slow-downs, and shut-downs described in paragraph (1) across agencies; and

(3) an evaluation of changes in relevant Food and Drug Administration practices that such agency has proposed but not yet implemented.

SEC. 4124. REPORT.

Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services, in coordination with the Commissioner of Food and Drugs and the Administrator of the Centers for Medicare & Medicaid Services, shall develop and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing recommendations—

(1) for market-based incentives or other appropriate mechanisms, sufficient to encourage the manufacture of drugs in shortage or at risk of shortage; and

(2) on how the Emerging Technology Program of the Food and Drug Administration can help facilitate creating or upgrading existing technologies to address drug shortage challenges and promote modern, reliable manufacturing strategies.

SEC. 4125. SAFE HARBOR PROVISION.

(a) IN GENERAL.—The Federal Food, Drug, and Cosmetic Act is amended by inserting after section 502 (21 U.S.C. 352) the following:

''SEC. 502A. SAFE HARBOR PROVISION.

''(a) IN GENERAL.—The communication of information, consistent with subsection (b), with respect to the use of a drug or device authorized under section 564 provided or distributed to a health care provider, shall not—

''(1) be a basis for treating such drug or device as misbranded under subsection (a) or (f) of section 502, or in violation of section 505, 515, or 564 of this Act or subsection (a) or (k) of section 351(a)(1) of the Public Health Service Act, as applicable; or

''(2) be treated as evidence that such drug or device is misbranded under subsection (a) or (f) of section 502, or in violation of section 505, 513, 515, or 564 of this Act or subsection (a) or (k) of section 351 of the Public Health Service Act, as applicable.

''(b) PROVISION OF INFORMATION.—

''(1) IN GENERAL.—Any information relating to a use of a drug or device authorized under section 564, or for which a submission under section 564 has been submitted, that—

''(A) is neither false nor misleading, when measured objectively against the information available at the time the statement is made;

''(B) is accompanied, as required, by an appropriate disclaimer, as described in paragraph (2); and

''(C) is based on competent and reliable scientific evidence, as described in subsection (c).

''(2) DISCLAIMERS.—For purposes of paragraph (1), such information shall be accompanied, as necessary, by an appropriate disclaimer, including—

''(A) a statement identifying any differences between the information and any labeling of the drug or device;

''(B) a statement identifying contradictory evidence; and

''(C) such other information as may be required by regulation.

''(c) COMPETENT AND RELIABLE SCIENTIFIC EVIDENCE.—In this section, the term 'competent and reliable scientific evidence' means evidence established through scientific methods that are widely accepted by experts in the relevant field and followed pursuant to a clear and well-described protocol, as scientifically appropriate. Evidence may constitute competent and reliable scientific evidence within the meaning of this section—

''(1) regardless of whether it is supported by 2 adequate and well-controlled clinical studies; and

''(2) may include—

''(A) information derived from clinical trials, observational studies, clinical studies or bench tests that describe performance, database reviews, registries, patient utilization projections, and modeling techniques, and the data, inputs, and components of such information;

''(B) information about the effects of a drug or device in subgroups defined by demographic or other variables, including groups defined by race, sex, risk factors, or other variables, such as genomic features or disease severity;

''(C) information related to the emergency use authorization, as applicable; and

''(D) information relating to the safety, effectiveness, or benefit of a use or treatment that is authorized under section 564 for a drug or device, including information regarding—

''(i) health outcomes, patient or caregiver experience, or other quality metrics; and

''(ii) the comparative effectiveness of a drug or device relative to others products, other health care interventions, program and quality improvement interventions, or no intervention.

''(d) DISTRIBUTION.—Information pursuant to subsection (b) may be distributed proactively through written or oral means, or other information platforms, to a health care provider, payor, formulary committee, or other similar entity carrying out responsibilities for making drug coverage, reimbursement, or usage decisions on a population basis.

''(e) COVERAGE NOT EXCLUDED.—The distribution of information that otherwise meets the requirements of this section shall not fail to meet the requirements of subsection (a) because the manufacturer or distributor of the drug or device about which information is being distributed has—

''(1) knowledge that such drug or device is being used by patients or health care practitioners in a manner not described in any labeling of the drug or device, as applicable; or

''(2) objective or subjective intent that such drug or device be used in a manner inconsistent with any labeling, as applicable, of such drug or device.

''(f) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

''(1) to limit communication not specifically permitted by this section; or

''(2) to alter or expand the authority of the Secretary to enforce the provisions of this Act, except to the extent that the communication of information in accordance with this section is permitted.''.

PART IV—PREVENTING ESSENTIAL MEDICAL DEVICE SHORTAGES

SEC. 4131. DISCONTINUANCE OR INTERRUPTION IN THE PRODUCTION OF MEDICAL DEVICES.

Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 506I the following:

''SEC. 506J. DISCONTINUANCE OR INTERRUPTION IN THE PRODUCTION OF MEDICAL DEVICES.

''(a) IN GENERAL.—A manufacturer of a device that—

''(1) is critical to public health during a public health emergency, including devices that are life-supporting, life-sustaining, or intended for use in emergency medical care or during surgery; or

''(2) for which the Secretary determines that information on potential meaningful supply disruptions of such device is needed during, or in advance of, a public health emergency;

shall, during, or in advance of, a public health emergency determined by the Secretary pursuant to section 319, notify the Secretary, in accordance with subsection (b), of a permanent discontinuance in the manufacture of the device (except for discontinuances as a result of an approved modification of the device) or an interruption of the manufacture of the device that is likely to lead to a meaningful disruption in the supply of that device in the United States, and the reasons for such discontinuance or interruption.

''(b) TIMING.—A notice required under subsection (a) shall be submitted to the Secretary—

''(1) at least 6 months prior to the date of the discontinuance or interruption; or

''(2) if compliance with paragraph (1) is not possible, as soon as practicable.

''(c) DISTRIBUTION.—

''(1) PUBLIC AVAILABILITY.—To the maximum extent practicable, subject to paragraph (2), the Secretary shall distribute, through such means as the Secretary determines appropriate, information on the discontinuance or interruption of the manufacture of devices reported under subsection (a) to appropriate organizations, including physician, health provider, patient organizations, and supply chain partners, as appropriate and applicable.

''(2) PUBLIC HEALTH EXCEPTION.—The Secretary may choose not to make information collected under this section publicly available pursuant to this section if the Secretary determines that disclosure of such information would adversely affect the public health, such as by increasing the possibility of unnecessary over purchase of product or other disruption of the availability of medical products to patients.

''(d) CONFIDENTIALITY.—Nothing in this section shall be construed as authorizing the Secretary to disclose any information that is a trade secret or confidential information subject to section 552(b)(4) of title 5, United States Code, or section 1905 of title 18, United States Code.

''(e) FAILURE TO MEET REQUIREMENTS.—If a person fails to submit information required under subsection (a) in accordance with subsection (b)—

''(1) the Secretary shall issue a letter to such person informing such person of such failure;

''(2) not later than 30 calendar days after the issuance of a letter under paragraph (1), the person who receives such letter shall submit to the Secretary a written response to such letter setting forth the basis for noncompliance and providing information required under subsection (a); and

''(3) not later than 45 calendar days after the issuance of a letter under paragraph (1), the Secretary shall make such letter and any response to such letter under paragraph (2) available to the public on the internet website of the Food and Drug Administration, with appropriate redactions made to protect information described in subsection (d), except that, if the Secretary determines that the letter under paragraph (1) was issued in error or, after review of such response, the person had a reasonable basis for not notifying as required under subsection (a), the requirements of this paragraph shall not apply.

''(f) EXPEDITED INSPECTIONS AND REVIEWS.—If, based on notifications described in subsection (a) or any other relevant information, the Secretary concludes that there is, or is likely to be, a shortage of an device, the Secretary shall, as appropriate—

''(1) prioritize and expedite the review of a submission under section 513(f)(2), 515, review of a notification under section 510(k), or 520(m) for a device that could help mitigate or prevent such shortage; or

''(2) prioritize and expedite an inspection or reinspection of an establishment that could help mitigate or prevent such shortage.

''(g) DEVICE SHORTAGE LIST.—

''(1) ESTABLISHMENT.—The Secretary shall establish and maintain an up-to-date list of devices that are determined by the Secretary to be in shortage in the United States.

''(2) CONTENTS.—For each device included on the list under paragraph (1), the Secretary shall include the following information:

''(A) The category or name of the device in shortage.

''(B) The name of each manufacturer of such device.

''(C) The reason for the shortage, as determined by the Secretary, selecting from the following categories:

''(i) Requirements related to complying with good manufacturing practices.

''(ii) Regulatory delay.

''(iii) Shortage or discontinuance of a component or part.

''(iv) Discontinuance of the manufacture of the device.

''(v) Delay in shipping of the device.

''(vi) Delay in sterilization of the device.

''(vii) Demand increase for the device.

''(D) The estimated duration of the shortage as determined by the Secretary.

''(3) PUBLIC AVAILABILITY.—

''(A) IN GENERAL.—Subject to subparagraphs (B) and (C), the Secretary shall make the information in the list under paragraph (1) publicly available.

''(B) TRADE SECRETS AND CONFIDENTIAL INFORMATION.—Nothing in this subsection shall be construed to alter or amend section 1905 of title 18, United States Code, or section 552(b)(4) of title 5 of such Code.

''(C) PUBLIC HEALTH EXCEPTION.—The Secretary may elect not to make information collected under this subsection publicly available if the Secretary determines that disclosure of such information would adversely affect the public health (such as by increasing the possibility of hoarding or other disruption of the availability of the device to patients).

''(h) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect the authority of the Secretary on the date of enactment of this section to expedite the review of devices under section 515 of the Federal Food, Drug, and Cosmetic Act, section 515B of such Act relating to the priority review program for devices, and section 564 of such Act relating to the emergency use authorization authorities.

''(i) DEFINITIONS.—In this section:

''(1) DEVICE.—The term 'device' means a device (as defined in section 201(h)) that is intended for human use and is subject to sections 510(k), 513(f)(2), 515, or 520(m).

''(2) MEANINGFUL DISRUPTION.—The term 'meaningful disruption'—

''(A) means a change in production that is reasonably likely to lead to a reduction in the supply of a device by a manufacturer that is more than negligible and affects the ability of the manufacturer to fill orders or meet expected demand for its product;

''(B) does not include interruptions in manufacturing due to matters such as routine maintenance or insignificant changes in manufacturing so long as the manufacturer expects to resume operations in a reasonable or short period of time; and

''(C) does not include interruptions in manufacturing of components or raw materials so long as such interruptions do not result in a shortage of finished product and the manufacturer expects to resume operations in a reasonable or short period of time.

''(3) SHORTAGE.—The term 'shortage', with respect to a device, means a period of time when the demand or projected demand for the device within the United States exceeds the supply of the device.''.

SEC. 4132. GAO REPORT ON INTRA-AGENCY COORDINATION.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report examining the Food and Drug Administration's intra-agency coordination, communication, and decision-making in assessing device shortages and risks associated with the supply of devices, and any efforts by the Food and Drug Administration to mitigate any device shortages or to take corrective actions.

(b) CONTENT.—The report shall include—

(1) consideration of—

(A) risks of creating, worsening, or extending a shortage of a device associated with violations of current good manufacturing practices;

(B) corrective and preventative actions with respect to such violations requested by the Food and Drug Administration;

(C) the effects of potential manufacturing disruptions or shut-downs on potential device shortages, which may include the discontinuance of device manufacturing and marketing, or the manufacturing of device components or parts;

(D) efforts to prioritize and expedite the review of submissions for devices that the Secretary has determined under section 506J(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356j) to be in shortage; and

(E) efforts to prioritize inspections of facilities necessary for approval or clearance of devices described in subparagraph (D);

(2) a description of how the Food and Drug Administration proactively coordinates strategies to mitigate the consequences of the violations, slow-downs, and shut-downs described in paragraph (1) across agencies; and

(3) an evaluation of changes in relevant Food and Drug Administration practices that such agency has proposed but not yet implemented.

(c) DEFINITION.—In this section, the term ''device'' has the meaning given such term under section 506J(i)(1) of the Federal Food, Drug, and Cosmetic Act, as added by section 4131.

PART V—EMERGENCY USE OF LABORATORY DEVELOPED TESTS

SEC. 4141. EMERGENCY USE OF LABORATORY DEVELOPED TESTS.

(a) IN GENERAL.—For the time in which the public health emergency under section 319 of the Public Health Service Act (42 U.S.C. 247d) related to the coronavirus (COVID-19), declared by the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') on January 31, 2020, is in place (or such other period of time determined by the Secretary), tests intended to diagnose COVID–19 that are described in subsection (b) may be lawfully marketed in accordance with this section.

(b) CRITERIA.—Tests described in subsection (a) may be lawfully marketed, during the period described in such subsection, if such test—

(1) is developed in a State that has notified the Secretary of its intention to review tests intended to diagnose COVID-19;

(2) is developed in a laboratory with a certificate to conduct high-complexity testing pursuant to section 353 of the Public Health Service Act (42 U.S.C. 263a), and the developer of such test—

(A) is pursuing an emergency use authorization under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3) and provides updates to the Secretary on efforts to pursue such authorization;

(B) validates such test prior to use;

(C) notifies the Secretary of the assay validation; and

(D) includes a statement together with the results of the test that reads: ''This test was developed for use as a part of a response to the public health emergency declared to address the outbreak of COVID-19. This test has not been reviewed by the Food and Drug Administration.''; or

(3) is an in vitro diagnostic test for which the developer of such test meets all of the requirements of subparagraphs (A) through (D) of paragraph (2) with respect to the test.

(c) DISPOSITION OF PRODUCT.—Notwithstanding the termination of a declaration under subsection (b) of section 564 of the Federal Food, Drug, and Cosmetic Act, or a revocation under subsection (g) of such section with respect to a product described in subsection (a), the Secretary shall consult with the developer of such in vitro diagnostic test with respect to the appropriate disposition of such test to ensure that authorization of any in vitro diagnostic test

under this section shall continue to be effective to provide for continued use of such product to prevent or detect COVID–19.

(d) IN VITRO DIAGNOSTIC TEST.—In this section, the term ''in vitro diagnostic test'' has the meaning given the term ''in vitro diagnostic product'' in section 809.3(a) of title 21, Code of Federal Regulations (or successor regulations).

Subtitle B—Access to Health Care for COVID-19 Patients

PART I—COVERAGE OF TESTING AND PREVENTIVE SERVICES

SEC. 4201. COVERAGE OF DIAGNOSTIC TESTING FOR COVID-19.

(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage (including a grandfathered health plan (as defined in section 1251(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18011(b))) shall provide coverage, and shall not impose any cost-sharing (including deductibles, copayments, and coinsurance) requirements or prior authorization or other medical management requirements, for the following items and services furnished during any portion of the public health emergency declared by the Secretary of Health and Human Services pursuant to section 319 of the Public Health Service Act on January 31, 2020, with respect to COVID-19, beginning on or after the date of the enactment of this Act:

(1) An in vitro diagnostic product (as defined in section 809.3(a) of title 21, Code of Federal Regulations) for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such an in vitro diagnostic product, that—

(A) is approved, cleared, or authorized under section 510(k), 513, 515, or 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(k), 360c, 360e, 360bbb–3);

(B) is a clinical laboratory service performed in a laboratory (including a public health laboratory) certified to conduct high-complexity testing pursuant to section 353 of the Public Health Service Act (42 U.S.C. 253a) for which the developer has requested, or intends to request, emergency use authorization under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3), unless and until the emergency use authorization request under such section 564 has been denied or the developer of such test does not submit a request under such section within a reasonable timeframe; or

(C) is developed in a State that has notified the Secretary of Health and Human Services of its intention to review tests intended to diagnose COVID-19.

(2) Items and services furnished to an individual during health care provider office visits, urgent care center visits, and emergency room visits that result in an order for or administration of an in vitro diagnostic product described in paragraph (1), but only to the extent such items and services relate to the furnishing or administration of such product or to the evaluation of such individual for purposes of determining the need of such individual for such product.

SEC. 4202. PRICING OF DIAGNOSTIC TESTING.

(a) REIMBURSEMENT RATES.—A group health plan or a health insurance issuer providing coverage of items and services described in section 201(a) with respect to an enrollee shall reimburse the provider of the diagnostic testing as follows:

(1) If the health plan or issuer has a negotiated rate for such service with such provider, such negotiated rate shall apply.

(2) If the health plan or issuer does not have a negotiated rate for such service with such provider, such plan or issuer shall reimburse the provider in an amount that equals the cash price for such service as listed by the provider on a public internet website.

(b) REQUIREMENT TO PUBLICIZE CASH PRICE FOR DIAGNOSTIC TESTING FOR COVID-19.—

(1) IN GENERAL.—Each provider of a diagnostic test for COVID-19 shall make public the cash price for such test on a public internet website of such provider.

(2) CIVIL MONETARY PENALTIES.—The Secretary of Health and Human Services may impose a civil monetary penalty on any provider of a diagnostic test for COVID-19 that is not in compliance with paragraph (1) and has not completed a corrective action plan to comply with the requirements of such paragraph, in an amount not to exceed $300 per day that the violation is ongoing.

SEC. 4203. RAPID COVERAGE OF PREVENTIVE SERVICES AND VACCINES FOR CORONAVIRUS.

(a) IN GENERAL.—Notwithstanding 2713(b) of the Public Health Service Act (42 U.S.C. 300gg–13), the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury shall require group health plans and health insurance issuers offering group or individual health insurance to cover any qualifying coronavirus preventive service, pursuant to section 2713(a) of the Public Health Service Act (42 U.S.C. 300gg–13(a)). The requirement described in this subsection shall take effect with respect to a qualifying coronavirus prevention service on the specified date described in subsection (b)(2).

(b) DEFINITIONS.—For purposes of this section:

(1) QUALIFYING CORONAVIRUS PREVENTIVE SERVICE.—The term ''qualifying coronavirus preventive service'' means an item, service, or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is—

(A) an evidence-based item or service that has in effect a rating of ''A'' or ''B'' in the current recommendations of the United States Preventive Services Task Force; or

(B) an immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.

(2) SPECIFIED DATE.—The term ''specified date'' means the date that is 15 business days after the date on which a recommendation is made relating to the immunization as described in such paragraph.

(3) HEALTH INSURANCE TERMS.—In this section, the terms ''group health plan'', ''health insurance issuer'', ''group health insurance coverage'', and ''individual health insurance coverage'' have the meanings given such terms in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91).

PART II—SUPPORT FOR HEALTH CARE PROVIDERS

SEC. 4211. SUPPLEMENTAL AWARDS FOR HEALTH CENTERS.

(a) SUPPLEMENTAL AWARDS.—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by adding at the end the following:

''(6) ADDITIONAL AMOUNTS FOR SUPPLEMENTAL AWARDS.—In addition to any amounts made available pursuant to this subsection, section 402A of this Act, or section 10503 of the Patient Protection and Affordable Care Act, there is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, $1,320,000,000 for fiscal year 2020 for supplemental awards under subsection (d) for the detection of SARS-CoV-2 or the prevention, diagnosis, and treatment of COVID-19.''.

(b) APPLICATION OF PROVISIONS.—Amounts appropriated pursuant to the amendment made by subsection (a) for fiscal year 2020 shall be subject to the requirements contained in Public Law 116–94 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254 through 256).

SEC. 4212. ALLOWING PERMANENT DIRECT HIRE OF NDMS HEALTH CARE PROFESSIONALS.

Section 2812(c)(4) of the Public Health Service Act (42 U.S.C. 300hh–11(c)(4)) is amended to read as follows:

''(4) CERTAIN APPOINTMENTS.—If the Secretary determines that the number of intermittent disaster response personnel within the National Disaster Medical System under this section is insufficient to address a public health emergency or potential public health emergency, the Secretary may appoint candidates directly to personnel positions for intermittent disaster response within such system. The Secretary shall provide updates on the number of vacant or unfilled positions within such system to the congressional committees of jurisdiction each quarter for which this authority is in effect.''.

SEC. 4213. TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS.

Section 330I of the Public Health Service Act (42 U.S.C. 254c–14) is amended—

(1) in subsection (d)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''projects to demonstrate how telehealth technologies can be used through telehealth networks'' and inserting ''evidence-based projects that utilize telehealth technologies through telehealth networks'';

(ii) in subparagraph (A)—

(I) by striking ''the quality of'' and inserting ''access to, and the quality of,''; and

(II) by inserting ''and'' after the semicolon;

(iii) by striking subparagraph (B);

(iv) by redesignating subparagraph (C) as subparagraph (B); and

(v) in subparagraph (B), as so redesignated, by striking ''and patients and their families, for decisionmaking'' and inserting '', patients, and their families''; and

(B) in paragraph (2)—

(i) by striking ''demonstrate how telehealth technologies can be used'' and inserting ''support initiatives that utilize telehealth technologies''; and

(ii) by striking '', to establish telehealth resource centers'';

(2) in subsection (e), by striking ''4 years'' and inserting ''5 years'';

(3) in subsection (f)—

(A) by striking paragraph (2);

(B) in paragraph (1)(B)—

(i) by redesignating clauses (i) through (iii) as paragraphs (1) through (3), respectively, and adjusting the margins accordingly;

(ii) in paragraph (3), as so redesignated by clause (i), by redesignating subclauses (I) through (XII) as subparagraphs (A) through (L), respectively, and adjusting the margins accordingly; and

(iii) by striking ''(1) TELEHEALTH NETWORK GRANTS—'' and all that follows through ''(B) TELEHEALTH NETWORKS—''; and

(C) in paragraph (3)(I), as so redesignated, by inserting ''and substance use disorder'' after ''mental health'' each place such term appears;

(4) in subsection (g)(2), by striking ''or improve'' and inserting ''and improve'';

(5) by striking subsection (h);

(6) by redesignating subsections (i) through (p) as subsection (h) through (o), respectively;

(7) in subsection (h), as so redesignated—

(A) in paragraph (1)—

(i) in subparagraph (B), by striking ''mental health, public health, long-term care, home care, preventive'' and inserting ''mental health care, public health services, long-term care, home care, preventive care'';

(ii) in subparagraph (E), by inserting ''and regional'' after ''local''; and

(iii) by striking subparagraph (F); and

(B) in paragraph (2)(A), by striking ''medically underserved areas or'' and inserting ''rural areas, medically underserved areas, or'';

(8) in paragraph (2) of subsection (i), as so redesignated, by striking ''ensure that—'' and all that follows through the end of subparagraph (B) and inserting ''ensure that not less than 50 percent of the funds awarded shall be awarded for projects in rural areas.'';

(9) in subsection (j), as so redesignated—

(A) in paragraph (1)(B), by striking ''computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other''; and

(B) in paragraph (2)(F), by striking ''health care providers and'';

(10) in subsection (k), as so redesignated—

(A) in paragraph (2), by striking ''40 percent'' and inserting ''20 percent''; and

(B) in paragraph (3), by striking ''(such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment)'';

(11) by striking subsections (q) and (r) and inserting the following:

''(p) REPORT.—Not later than 4 years after the date of enactment of the CARES Act, and every 5 years thereafter, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities and outcomes of the grant programs under subsection (b).'';

(12) by redesignating subsection (s) as subsection (q); and

(13) in subsection (q), as so redesignated, by striking ''this section—'' and all that follows through the end of paragraph (2) and inserting ''this section $29,000,000 for each of fiscal years 2021 through 2025.''.

SEC. 4214. RURAL HEALTH CARE SERVICES OUTREACH, RURAL HEALTH NETWORK DEVELOPMENT, AND SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANT PROGRAMS.

Section 330A of the Public Health Service Act (42 U.S.C. 254c) is amended—

(1) in subsection (d)(2)—

(A) in subparagraph (A), by striking ''essential'' and inserting ''basic''; and

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by inserting ''to'' after ''grants''; and

(ii) in clauses (i), (ii), and (iii), by striking ''to'' each place such term appears;

(2) in subsection (e)—

(A) in paragraph (1)—

(i) by inserting ''improving and'' after ''outreach by'';

(ii) by inserting '', through community engagement and evidence-based or innovative, evidence-informed models'' before the period of the first sentence; and

(iii) by striking ''3 years'' and inserting ''5 years'';

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by inserting ''shall'' after ''entity'';

(ii) in subparagraph (A), by striking ''shall be a rural public or rural nonprofit private entity'' and inserting ''be an entity with demonstrated experience serving, or the capacity to serve, rural underserved populations'';

(iii) in subparagraphs (B) and (C), by striking ''shall'' each place such term appears; and

(iv) in subparagraph (B)—

(I) in the matter preceding clause (i), by inserting ''that'' after ''members''; and

(II) in clauses (i) and (ii), by striking ''that'' each place such term appears; and

(C) in paragraph (3)(C), by striking ''the local community or region'' and inserting ''the rural underserved populations in the local community or region'';

(3) in subsection (f)—

(A) in paragraph (1)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking ''promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks'' and inserting ''plan, develop, and implement integrated health care networks that collaborate''; and

(II) in clause (ii), by striking ''essential health care services'' and inserting ''basic health care services and associated health outcomes''; and

(ii) by amending subparagraph (B) to read as follows:

''(B) GRANT PERIODS.—The Director may award grants under this subsection for periods of not more than 5 years.'';

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by inserting ''shall'' after ''entity'';

(ii) in subparagraph (A), by striking ''shall be a rural public or rural nonprofit private entity'' and inserting ''be an entity with demonstrated experience serving, or the capacity to serve, rural underserved populations'';

(iii) in subparagraph (B)—

(I) in the matter preceding clause (i)—

(aa) by striking ''shall''; and

(bb) by inserting ''that'' after ''participants''; and

(II) in clauses (i) and (ii), by striking ''that'' each place such term appears; and

(iv) in subparagraph (C), by striking ''shall''; and

(C) in paragraph (3)—

(i) by amending clause (iii) of subparagraph (C) to read as follows:

''(iii) how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network;''; and

(ii) in subparagraph (D), by striking ''the local community or region'' and inserting ''the rural underserved populations in the local community or region'';

(4) in subsection (g)—

(A) in paragraph (1)—

(i) by inserting '', including activities related to increasing care coordination, enhancing chronic disease management, and improving patient health outcomes'' before the period of the first sentence; and

(ii) by striking ''3 years'' and inserting ''5 years'';

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by inserting ''shall'' after ''entity'';

(ii) in subparagraphs (A) and (B), by striking ''shall'' each place such term appears; and

(iii) in subparagraph (A)(ii), by inserting ''or regional'' after ''local''; and

(C) in paragraph (3)(D), by striking ''the local community or region'' and inserting ''the rural underserved populations in the local community or region'';

(5) in subsection (h)(3), in the matter preceding subparagraph (A), by inserting '', as appropriate,'' after ''the Secretary'';

(6) by amending subsection (i) to read as follows:

''(i) REPORT.—Not later than 4 years after the date of enactment of the CARES Act, and every 5 years thereafter, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities and outcomes of the grant programs under subsections (e), (f), and (g), including the impact of projects funded under such programs on the health status of rural residents with chronic conditions.''; and

(7) in subsection (j), by striking ''$45,000,000 for each of fiscal years 2008 through 2012'' and inserting ''$79,500,000 for each of fiscal years 2021 through 2025''.

SEC. 4215. UNITED STATES PUBLIC HEALTH SERVICE MODERNIZATION.

(a) COMMISSIONED CORPS AND READY RESERVE CORPS.—Section 203 of the Public Health Service Act (42 U.S.C. 204) is amended—

(1) in subsection (a)(1), by striking ''a Ready Reserve Corps for service in time of national emergency'' and inserting '', for service in time of a public health or national emergency, a Ready Reserve Corps''; and

(2) in subsection (c)—

(A) in the heading, by striking ''RESEARCH'' and inserting ''RESERVE CORPS'';

(B) in paragraph (1), by inserting ''during public health or national emergencies'' before the period;

(C) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by inserting '', consistent with paragraph (1)'' after ''shall'';

(ii) in subparagraph (C), by inserting ''during such emergencies'' after ''members''; and

(iii) in subparagraph (D), by inserting '', consistent with subparagraph (C)'' before the period; and

(D) by adding at the end the following:

''(3) STATUTORY REFERENCES TO RESERVE.—A reference in any Federal statute, except in the case of subsection (b), to the 'Reserve Corps' of the Public Health Service or to the 'reserve' of the Public Health Service shall be deemed to be a reference to the Ready Reserve Corps.''.

(b) DEPLOYMENT READINESS.—Section 203A(a)(1)(B) of the Public Health Service Act (42 U.S.C. 204a(a)(1)(B)) is amended by striking ''Active Reserves'' and inserting ''Ready Reserve Corps''.

(c) RETIREMENT OF COMMISSIONED OFFICERS.—Section 211 of the Public Health Service Act (42 U.S.C. 212) is amended—

(1) by striking ''the Service'' each place it appears and inserting ''the Regular Corps'';

(2) in subsection (a)(4), by striking ''(in the case of an officer in the Reserve Corps)'';

(3) in subsection (c)—

(A) in paragraph (1)—

(i) by striking ''or an officer of the Reserve Corps''; and

(ii) by inserting ''or under section 221(a)(19)'' after ''subsection (a)''; and

(B) in paragraph (2), by striking ''Regular or Reserve Corps'' and inserting ''Regular Corps or Ready Reserve Corps''; and

(4) in subsection (f), by striking ''the Regular or Reserve Corps of''.

(d) RIGHTS, PRIVILEGES, ETC. OF OFFICERS AND SURVIVING BENEFICIARIES.—Section 221 of the Public Health Service Act (42 U.S.C. 213a) is amended—

(1) in subsection (a), by adding at the end the following:

''(19) Chapter 1223, Retired Pay for Non-Regular Service.

''(20) Section 12601, Compensation: Reserve on active duty accepting from any person.

''(21) Section 12684, Reserves: separation for absence without authority or sentence to imprisonment.''; and

(2) in subsection (b)—

(A) by striking ''Secretary of Health, Education, and Welfare or his designee'' and inserting ''Secretary of Health and Human Services or the designee of such secretary'';

(B) by striking ''(b) The authority vested'' and inserting the following:

''(b)(1) The authority vested'';

(C) by striking ''For purposes of'' and inserting the following:

''(2) For purposes of''; and

(D) by adding at the end the following:

''(3) For purposes of paragraph (19) of subsection (a), the terms 'Military department', 'Secretary concerned', and 'Armed forces' in such title 10 shall be deemed to include, respectively, the Department of Health and Human Services, the Secretary of Health and Human Services, and the Commissioned Corps.''.

(e) TECHNICAL AMENDMENTS.—Title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended—

(1) in sections 204 and 207(c), by striking ''Regular or Reserve Corps'' each place it appears and inserting ''Regular Corps or Ready Reserve Corps'';

(2) in section 208(a), by striking ''Regular and Reserve Corps'' each place it appears and inserting ''Regular Corps and Ready Reserve Corps''; and

(3) in section 205(c), 206(c), 210, and 219, and in subsections (a), (b), and (d) of section 207, by striking ''Reserve Corps'' each place it appears and inserting ''Ready Reserve Corps''.

SEC. 4216. LIMITATION ON LIABILITY FOR VOLUNTEER HEALTH CARE PROFESSIONALS DURING COVID-19 EMERGENCY RESPONSE.

(a) LIMITATION ON LIABILITY.—Except as provided in subsection (b), a health care professional shall not be liable under Federal or State law for any harm caused by an act or omission of the professional in the provision of health care services during the public health emergency declared by the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d) on January 31, 2020 with respect to COVID-19, if—

(1) the professional is providing health care services in response to such public health emergency, as a volunteer; and

(2) the act or omission occurs—

(A) in the course of providing health care services;

(B) in the health care professional's capacity as a volunteer;

(C) in the course of providing health care services that are within the scope of the license, registration, or certification of the volunteer, as defined by the State of licensure, registration, or certification; and

(D) in a good faith belief that the individual being treated is in need of health care services.

(b) EXCEPTIONS.—Subsection (a) does not apply if—

(1) the harm was caused by an act or omission constituting willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of the individual harmed by the health care professional; or

(2) the health care professional rendered the health care services under the influence (as determined pursuant to applicable State law) of alcohol or an intoxicating drug.

(c) PREEMPTION.—

(1) IN GENERAL.—This section preempts the laws of a State or any political subdivision of a State to the extent that such laws are inconsistent with this section, unless such laws provide greater protection from liability.

(2) VOLUNTEER PROTECTION ACT.—Protections afforded by this section are in addition to those provided by the Volunteer Protection Act of 1997 (Public Law 105–19).

(d) DEFINITIONS.—In this section—

(1) the term ''harm'' includes physical, nonphysical, economic, and noneconomic losses;

(2) the term ''health care professional'' means an individual who is licensed, registered, or certified under Federal or State law to provide health care services;

(3) the term ''health care services'' means any services provided by a health care professional, or by any individual working under the supervision of a health care professional that relate to—

(A) the diagnosis, prevention, or treatment of COVID-19; or

(B) the assessment or care of the health of a human being; and

(4) the term ''volunteer'' means a health care professional who, with respect to the health care services rendered, does not receive compensation or any other thing of value in lieu of compensation, which compensation—

(A) includes a payment under any insurance policy or health plan, or under any Federal or State health benefits program; and

(B) excludes receipt of items to be used exclusively for rendering health care services in the health care professional's capacity as a volunteer described in subsection (a)(1).

(e) EFFECTIVE DATE.—This section shall take effect upon the date of enactment of this Act, and applies to a claim for harm only if the act or omission that caused such harm occurred on or after the date of enactment.

(f) SUNSET.—This section shall be in effect only for the length of the public health emergency declared by the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d) on January 31, 2020 with respect to COVID-19.

PART III—MISCELLANEOUS PROVISIONS

SEC. 4221. CONFIDENTIALITY AND DISCLOSURE OF RECORDS RELATING TO SUBSTANCE USE DISORDER.

(a) CONFORMING CHANGES RELATING TO SUBSTANCE USE DISORDER.—Subsections (a) and (h) of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) are each amended by striking ''substance abuse'' and inserting ''substance use disorder''.

(b) DISCLOSURES TO COVERED ENTITIES CONSISTENT WITH HIPAA.—Paragraph (1) of section 543(b) of the Public Health Service Act (42 U.S.C. 290dd–2(b)) is amended to read as follows:

''(1) CONSENT.—The following shall apply with respect to the contents of any record referred to in subsection (a):

''(A) Such contents may be used or disclosed in accordance with the prior written consent of the patient with respect to whom such record is maintained.

''(B) Once prior written consent of the patient has been obtained, such contents may be used or disclosed by a covered entity, business associate, or a program subject to this section for purposes of treatment, payment, and health care operations as permitted by the HIPAA regulations. Any information so disclosed may then be redisclosed in accordance with the HIPAA regulations. Section 13405(c) of the Health Information Technology and Clinical Health Act (42 U.S.C. 17935(c)) shall apply to all disclosures pursuant to subsection (b)(1) of this section.

''(C) It shall be permissible for a patient's prior written consent to be given once for all such future uses or disclosures for purposes of treatment, payment, and health care operations, until such time as the patient revokes such consent in writing.

''(D) Section 13405(a) of the Health Information Technology and Clinical Health Act (42 U.S.C. 17935(a)) shall apply to all disclosures pursuant to subsection (b)(1) of this section.''.

(c) DISCLOSURES OF DE-IDENTIFIED HEALTH INFORMATION TO PUBLIC HEALTH AUTHORITIES.—Paragraph (2) of section 543(b) of the Public Health Service Act (42 U.S.C. 290dd–2(b)), is amended by adding at the end the following:

''(D) To a public health authority, so long as such content meets the standards established in section 164.514(b) of title 45, Code of Federal Regulations (or successor regulations) for creating de-identified information.''.

(d) DEFINITIONS.—Section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended by adding at the end the following:

''(k) DEFINITIONS.—For purposes of this section:

''(1) BREACH.—The term 'breach' has the meaning given such term for purposes of the HIPAA regulations.

''(2) BUSINESS ASSOCIATE.—The term 'business associate' has the meaning given such term for purposes of the HIPAA regulations.

''(3) COVERED ENTITY.—The term 'covered entity' has the meaning given such term for purposes of the HIPAA regulations.

''(4) HEALTH CARE OPERATIONS.—The term 'health care operations' has the meaning given such term for purposes of the HIPAA regulations.

''(5) HIPPA REGULATIONS.—The term 'HIPAA regulations' has the meaning given such term for purposes of parts 160 and 164 of title 45, Code of Federal Regulations.

''(6) PAYMENT.—The term 'payment' has the meaning given such term for purposes of the HIPAA regulations.

''(7) PUBLIC HEALTH AUTHORITY.—The term 'public health authority' has the meaning given such term for purposes of the HIPAA regulations.

''(8) TREATMENT.—The term 'treatment' has the meaning given such term for purposes of the HIPAA regulations.

''(9) UNSECURED PROTECTED HEALTH INFORMATION.—The term 'unprotected health information' has the meaning given such term for purposes of the HIPAA regulations.''.

(e) USE OF RECORDS IN CRIMINAL, CIVIL, OR ADMINISTRATIVE INVESTIGATIONS, ACTIONS, OR PROCEEDINGS.—Subsection (c) of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2(c)) is amended to read as follows:

''(c) USE OF RECORDS IN CRIMINAL, CIVIL, OR ADMINISTRATIVE CONTEXTS.—Except as otherwise authorized by a court order under subsection (b)(2)(C) or by the consent of the patient, a record referred to in subsection (a), or testimony relaying the information contained therein, may not be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by any Federal, State, or local authority, including with respect to the following activities:

''(1) Such record or testimony shall not be entered into evidence in any criminal prosecution or civil action before a Federal or State court.

''(2) Such record or testimony shall not form part of the record for decision or otherwise be taken into account in any proceeding before a Federal, State, or local agency.

''(3) Such record or testimony shall not be used by any Federal, State, or local agency for a law enforcement purpose or to conduct any law enforcement investigation.

''(4) Such record or testimony shall not be used in any application for a warrant.''.

(f) PENALTIES.—Subsection (f) of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended to read as follows:

''(f) PENALTIES.—The provisions of sections 1176 and 1177 of the Social Security Act shall apply to a violation of this section to the extent and in the same manner as such provisions apply to a violation of part C of title

XI of such Act. In applying the previous sentence—

''(1) the reference to 'this subsection' in subsection (a)(2) of such section 1176 shall be treated as a reference to 'this subsection (including as applied pursuant to section 543(f) of the Public Health Service Act)'; and

''(2) in subsection (b) of such section 1176—

''(A) each reference to 'a penalty imposed under subsection (a)' shall be treated as a reference to 'a penalty imposed under subsection (a) (including as applied pursuant to section 543(f) of the Public Health Service Act)'; and

''(B) each reference to 'no damages obtained under subsection (d)' shall be treated as a reference to 'no damages obtained under subsection (d) (including as applied pursuant to section 543(f) of the Public Health Service Act)'.''.

(g) ANTIDISCRIMINATION.—Section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended by inserting after subsection (h) the following:

''(i) ANTIDISCRIMINATION.—

''(1) IN GENERAL.—No entity shall discriminate against an individual on the basis of information received by such entity pursuant to an inadvertent or intentional disclosure of records, or information contained in records, described in subsection (a) in—

''(A) admission, access to, or treatment for health care;

''(B) hiring, firing, or terms of employment, or receipt of worker's compensation;

''(C) the sale, rental, or continued rental of housing;

''(D) access to Federal, State, or local courts; or

''(E) access to, approval of, or maintenance of social services and benefits provided or funded by Federal, State, or local governments.

''(2) RECIPIENTS OF FEDERAL FUNDS.—No recipient of Federal funds shall discriminate against an individual on the basis of information received by such recipient pursuant to an intentional or inadvertent disclosure of such records or information contained in records described in subsection (a) in affording access to the services provided with such funds.''.

(h) NOTIFICATION IN CASE OF BREACH.—Section 543 of the Public Health Service Act (42 U.S.C. 290dd–2), as amended by subsection (g), is further amended by inserting after subsection (i) the following:

''(j) NOTIFICATION IN CASE OF BREACH.—The provisions of section 13402 of the HITECH Act (42 U.S.C. 17932) shall apply to a program or activity described in subsection (a), in case of a breach of records described in subsection (a), to the same extent and in the same manner as such provisions apply to a covered entity in the case of a breach of unsecured protected health information.''.

(i) REGULATIONS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with appropriate Federal agencies, shall make such revisions to regulations as may be necessary for implementing and enforcing the amendments made by this section, such that such amendments shall apply with respect to uses and disclosures of information occurring on or after the date that is 12 months after the date of enactment of this Act.

(2) EASILY UNDERSTANDABLE NOTICE OF PRIVACY PRACTICES.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with appropriate legal, clinical, privacy, and civil rights experts, shall update section 164.520 of title 45, Code of Federal Regulations, so that covered entities and entities creating or maintaining the records described in subsection (a) provide notice, written in plain language, of privacy practices regarding patient records referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)), including—

(A) a statement of the patient's rights, including self-pay patients, with respect to protected health information and a brief description of how the individual may exercise these rights (as required by subsection (b)(1)(iv) of such section 164.520); and

(B) a description of each purpose for which the covered entity is permitted or required to use or disclose protected health information without the patient's written authorization (as required by subsection (b)(2) of such section 164.520).

(j) RULES OF CONSTRUCTION.—Nothing in this title or the amendments made by this title shall be construed to limit—

(1) a patient's right, as described in section 164.522 of title 45, Code of Federal Regulations, or any successor regulation, to request a restriction on the use or disclosure of a record referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)) for purposes of treatment, payment, or health care operations; or

(2) a covered entity's choice, as described in section 164.506 of title 45, Code of Federal Regulations, or any successor regulation, to obtain the consent of the individual to use or disclose a record referred to in such section 543(a) to carry out treatment, payment, or health care operation.

(k) SENSE OF CONGRESS.—It is the sense of the Congress that—

(1) any person treating a patient through a program or activity with respect to which the confidentiality requirements of section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) apply is encouraged to access the applicable State-based prescription drug monitoring program when clinically appropriate;

(2) patients have the right to request a restriction on the use or disclosure of a record referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)) for treatment, payment, or health care operations;

(3) covered entities should make every reasonable effort to the extent feasible to comply with a patient's request for a restriction regarding such use or disclosure;

(4) for purposes of applying section 164.501 of title 45, Code of Federal Regulations, the definition of health care operations shall have the meaning given such term in such section, except that clause (v) of paragraph (6) shall not apply; and

(5) programs creating records referred to in section 543(a) of the Public Health Service Act (42 U.S.C. 290dd–2(a)) should receive positive incentives for discussing with their patients the benefits to consenting to share such records.

SEC. 4222. NUTRITION SERVICES.

(a) DEFINITIONS.—In this section, the terms ''Assistant Secretary'', ''Secretary'', ''State agency'', and ''area agency on aging'' have the meanings given the terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(b) NUTRITION SERVICES TRANSFER CRITERIA.—During any portion of the COVID-19 public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d), the Secretary shall allow a State agency or an area agency on aging, without prior approval, to transfer not more than 100 percent of the funds received by the State agency or area agency on aging, respectively, and attributable to funds appropriated under paragraph (1) or (2) of section 303(b) of the Older Americans Act of 1965 (42 U.S.C. 3023(b)), between subpart 1 and subpart 2 of part C (42 U.S.C. 3030d–2 et seq.) for such use as the State agency or area agency on aging, respectively, considers appropriate to meet the needs of the State or area served.

(c) HOME-DELIVERED NUTRITION SERVICES WAIVER.—For purposes of State agencies determining the delivery of nutrition services under section 337 of the Older Americans Act of 1965 (42 U.S.C. 3030g), during the period of the COVID–19 public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d), the same meaning shall be given to an individual who is unable to obtain nutrition because the individual is practicing social distancing due to the emergency as is given to an individual who is homebound by reason of illness.

(d) DIETARY GUIDELINES WAIVER.—To facilitate implementation of subparts 1 and 2 of part C of title III of the Older Americans Act of 1965 (42 U.S.C. 3030d–2 et seq.) during any portion of the COVID-19 public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d), the Assistant Secretary shall waive the requirements for meals provided under those subparts to comply with the requirements of clauses (i) and (ii) of section 339(2)(A) of such Act (42 U.S.C. 3030g–21(2)(A)).

SEC. 4223. GUIDANCE ON PROTECTED HEALTH INFORMATION.

Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services shall issue guidance on the sharing of patients' protected health information pursuant to section 160.103 of title 45, Code of Federal Regulations (or any successor regulations) during the public health emergency declared by the Secretary of Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d) with respect to COVID-19, during the emergency involving Federal primary responsibility determined to exist by the President under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5191(b)) with respect to COVID-19, and during the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to COVID-19. Such guidance shall include information on compliance with the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note) and applicable policies, including such policies that may come into effect during such emergencies.

SEC. 4224. REAUTHORIZATION OF HEALTHY START PROGRAM.

Section 330H of the Public Health Service Act (42 U.S.C. 254c–8) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking '', during fiscal year 2001 and subsequent years,''; and

(B) in paragraph (2), by inserting ''or increasing above the national average'' after ''areas with high'';

(2) in subsection (b)—

(A) in paragraph (1), by striking ''consumers of project services, public health departments, hospitals, health centers under section 330'' and inserting ''participants and former participants of project services, public health departments, hospitals, health centers under section 330, State substance abuse agencies''; and

(B) in paragraph (2)—

(i) in subparagraph (A), by striking ''such as low birthweight'' and inserting ''including poor birth outcomes (such as low birthweight and preterm birth) and social determinants of health'';

(ii) by redesignating subparagraph (B) as subparagraph (C);

(iii) by inserting after subparagraph (A), the following:

''(B) Communities with—

''(i) high rates of infant mortality or poor perinatal outcomes; or

''(ii) high rates of infant mortality or poor perinatal outcomes in specific subpopulations within the community.''; and

(iv) in subparagraph (C) (as so redesignated)—

(I) by redesignating clauses (i) and (ii) as clauses (ii) and (iii), respectively;

(II) by inserting before clause (ii) (as so redesignated) the following:

''(i) collaboration with the local community in the development of the project;'';

(III) in clause (ii) (as so redesignated), by striking ''and'' at the end;

(IV) in clause (iii) (as so redesignated), by striking the period and inserting ''; and''; and

(V) by adding at the end the following:

''(iv) the use and collection of data demonstrating the effectiveness of such program in decreasing infant mortality rates and improving perinatal outcomes, as applicable, or the process by which new applicants plan to collect this data.'';

(3) in subsection (c)—

(A) by striking ''Recipients of grants'' and inserting the following:

''(1) IN GENERAL.—Recipients of grants''; and

(B) by adding at the end the following:

''(2) OTHER PROGRAMS.—The Secretary shall ensure coordination of the program carried out pursuant to this section with other programs and activities related to the reduction of the rate of infant mortality and improved perinatal and infant health outcomes supported by the Department.'';

(4) in subsection (e)—

(A) in paragraph (1), by striking ''appropriated—'' and all that follows through the end and inserting ''appropriated $122,500,000 for each of fiscal years 2020 through 2024.''; and

(B) in paragraph (2)(B), by adding at the end the following: ''Evaluations may also include, to the extent practicable, information related to—

''(i) progress toward achieving any grant metrics or outcomes related to reducing infant mortality rates, improving perinatal outcomes, or reducing the disparity in health status;

''(ii) recommendations on potential improvements that may assist with addressing gaps, as applicable and appropriate; and

''(iii) the extent to which the grantee coordinated with the community in which the grantee is located in the development of the project and delivery of services, including with respect to technical assistance and mentorship programs.''; and

(5) by adding at the end the following:

''(f) GAO REPORT.—

''(1) IN GENERAL.—Not later than 4 years after the date of the enactment of this subsection, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the appropriate Committees of Congress a report, concerning the Healthy Start program under this section.

''(2) EVALUATION.—In conducting the evaluation under paragraph (1), the Comptroller General shall consider, as applicable and appropriate, information from the evaluations under subsection (e)(2)(B).

''(3) REPORT.—The report described in paragraph (1) shall review, assess, and provide recommendations, as appropriate, on the following:

''(A) The allocation of Healthy Start program grants by the Health Resources and Services Administration, including considerations made by such Administration regarding disparities in infant mortality or perinatal outcomes among urban and rural areas in making such awards.

''(B) Trends in the progress made toward meeting the evaluation criteria pursuant to subsection (e)(2)(B), including programs which decrease infant mortality rates and improve perinatal outcomes, programs that have not decreased infant mortality rates or improved perinatal outcomes, and programs that have made an impact on disparities in infant mortality or perinatal outcomes.

''(C) The ability of grantees to improve health outcomes for project participants, promote the awareness of the Healthy Start program services, incorporate and promote family participation, facilitate coordination with the community in which the grantee is located, and increase grantee accountability through quality improvement, performance monitoring, evaluation, and the effect such metrics may have toward decreasing the rate of infant mortality and improving perinatal outcomes.

''(D) The extent to which such Federal programs are coordinated across agencies and the identification of opportunities for improved coordination in such Federal programs and activities.''.

Subtitle C—Innovation

SEC. 4301. REMOVING THE CAP ON OTA.

Section 319L(c)(5)(A)(ii) of the Public Health Service Act (42 U.S.C. 247d–7e(c)(5)(A)(ii)) is amended to read as follows:

''(ii) LIMITATIONS ON AUTHORITY.—To the maximum extent practicable, competitive procedures shall be used when entering into transactions to carry out projects under this subsection.''.

SEC. 4302. EXTENDING THE PRIORITY REVIEW PROGRAM FOR AGENTS THAT PRESENT NATIONAL SECURITY THREATS.

Section 565A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–4a) is amended by striking subsection (g).

SEC. 4303. PRIORITY ZOONOTIC ANIMAL DRUGS.

Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 512 the following:

''SEC. 512A. PRIORITY ZOONOTIC ANIMAL DRUGS.

''(a) IN GENERAL.—The Secretary shall, at the request of the sponsor intending to submit an application for approval of a new animal drug under section 512(b)(1) or an application for conditional approval of a new animal drug under section 571, expedite the development and review of such new animal drug if preliminary clinical evidence indicates that the new animal drug, alone or in combination with 1 or more other animal drugs, has the potential to prevent or treat a zoonotic disease in animals, including a vector borne-disease, that has the potential to cause serious adverse health consequences for, or serious or life-threatening diseases in, humans.

''(b) REQUEST FOR DESIGNATION.—The sponsor of a new animal drug may request the Secretary to designate a new animal drug described in subsection (a) as a priority zoonotic animal drug. A request for the designation may be made concurrently with, or at any time after, the opening of an investigational new animal drug file under section 512(j) or the filing of an application under section 512(b)(1) or 571.

''(c) DESIGNATION.—

''(1) IN GENERAL.—Not later than 60 calendar days after the receipt of a request under subsection (b), the Secretary shall determine whether the new animal drug that is the subject of the request meets the criteria described in subsection (a). If the Secretary determines that the new animal drug meets the criteria, the Secretary shall designate the new animal drug as a priority zoonotic animal drug and shall take such actions as are appropriate to expedite the development and review of the application for approval or conditional approval of such new animal drug.

''(2) ACTIONS.—The actions to expedite the development and review of an application under paragraph (1) may include, as appropriate—

''(A) taking steps to ensure that the design of clinical trials is as efficient as practicable, when scientifically appropriate, such as by utilizing novel trial designs or drug development tools (including biomarkers) that may reduce the number of animals needed for studies;

''(B) providing timely advice to, and interactive communication with, the sponsor (which may include meetings with the sponsor and review team) regarding the development of the new animal drug to ensure that the development program to gather the nonclinical and clinical data necessary for approval is as efficient as practicable;

''(C) involving senior managers and review staff with experience in zoonotic or vector-borne disease to facilitate collaborative, cross-disciplinary review, including, as appropriate, across agency centers; and

''(D) implementing additional administrative or process enhancements, as necessary, to facilitate an efficient review and development program.''.

Subtitle D—Finance Committee

SEC. 4401. EXEMPTION FOR TELEHEALTH SERVICES.

(a) IN GENERAL.—Paragraph (2) of section 223(c) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

''(E) SAFE HARBOR FOR ABSENCE OF DEDUCTIBLE FOR TELEHEALTH.—In the case of plan years beginning on or before December 31, 2021, a plan shall not fail to be treated as a high deductible health plan by reason of failing to have a deductible for telehealth and other remote care services.''.

(b) CERTAIN COVERAGE DISREGARDED.—Clause (ii) of section 223(c)(1)(B) of the Internal Revenue Code of 1986 is amended by striking ''or long-term care'' and inserting ''long-term care, or (in the case of plan years beginning on or before December 31, 2021) telehealth and other remote care''.

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

SEC. 4402. INCLUSION OF CERTAIN OVER-THE-COUNTER MEDICAL PRODUCTS AS QUALIFIED MEDICAL EXPENSES.

(a) HSAs.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended—

(1) by striking the last sentence of subparagraph (A) and inserting the following: ''For purposes of this subparagraph, amounts paid for menstrual care products shall be treated as paid for medical care.''; and

(2) by adding at the end the following new subparagraph:

''(D) MENSTRUAL CARE PRODUCT.—For purposes of this paragraph, the term 'menstrual care product' means a tampon, pad, liner, cup, sponge, or similar product used by individuals with respect to menstruation or other genital-tract secretions.''.

(b) ARCHER MSAs.—Section 220(d)(2)(A) of such Code is amended by striking the last sentence and inserting the following: ''For purposes of this subparagraph, amounts paid for menstrual care products (as defined in section 223(d)(2)(D)) shall be treated as paid for medical care.''.

(c) HEALTH FLEXIBLE SPENDING ARRANGEMENTS AND HEALTH REIMBURSEMENT ARRANGEMENTS.—Section 106 of such Code is amended by striking subsection (f) and inserting the following new subsection:

''(f) REIMBURSEMENTS FOR MENSTRUAL CARE PRODUCTS.—For purposes of this section and section 105, expenses incurred for menstrual care products (as defined in section 223(d)(2)(D)) shall be treated as incurred for medical care.''.

(d) EFFECTIVE DATES.—

(1) DISTRIBUTIONS FROM SAVINGS ACCOUNTS.—The amendment made by subsections (a) and (b) shall apply to amounts paid after December 31, 2019.

(2) REIMBURSEMENTS.—The amendment made by subsection (c) shall apply to expenses incurred after December 31, 2019.

SEC. 4403. TREATMENT OF DIRECT PRIMARY CARE SERVICE ARRANGEMENTS.

(a) IN GENERAL.—Section 223(c)(1) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

''(D) TREATMENT OF DIRECT PRIMARY CARE SERVICE ARRANGEMENTS.—

''(i) IN GENERAL.—A direct primary care service arrangement shall not be treated as a health plan for purposes of subparagraph (A)(ii).

''(ii) DIRECT PRIMARY CARE SERVICE ARRANGEMENT.—For purposes of this paragraph—

''(I) IN GENERAL.—The term 'direct primary care service arrangement' means, with respect to any individual, an arrangement under which such individual is provided medical care (as defined in section 213(d)) consisting solely of primary care services provided by primary care practitioners (as defined in section 1833(x)(2)(A) of the Social Security Act, determined without regard to clause (ii) thereof), if the sole compensation for such care is a fixed periodic fee.

''(II) LIMITATION.—With respect to any individual for any month, such term shall not include any arrangement if the aggregate fees for all direct primary care service arrangements (determined without regard to this subclause) with respect to such individual for such month exceed $150 (twice such dollar amount in the case of an individual with any direct primary care service arrangement (as so determined) that covers more than one individual).

''(iii) CERTAIN SERVICES SPECIFICALLY EXCLUDED FROM TREATMENT AS PRIMARY CARE SERVICES.—For purposes of this paragraph, the term 'primary care services' shall not include—

''(I) procedures that require the use of general anesthesia, and

''(II) laboratory services not typically administered in an ambulatory primary care setting.

The Secretary, after consultation with the Secretary of Health and Human Services, shall issue regulations or other guidance regarding the application of this clause.''.

(b) DIRECT PRIMARY CARE SERVICE ARRANGEMENT FEES TREATED AS MEDICAL EXPENSES.—Section 223(d)(2)(C) is amended by striking ''or'' at the end of clause (iii), by striking the period at the end of clause (iv) and inserting '', or'', and by adding at the end the following new clause:

''(v) any direct primary care service arrangement.''.

(c) INFLATION ADJUSTMENT.—Section 223(g)(1) of such Code is amended—

(1) by inserting '', (c)(1)(D)(ii)(II),'' after ''(b)(2),'' each place such term appears, and

(2) in subparagraph (B), by inserting ''and (iii)'' after ''clause (ii)'' in clause (i), by striking ''and'' at the end of clause (i), by striking the period at the end of clause (ii) and inserting '', and'', and by inserting after clause (ii) the following new clause:

''(iii) in the case of the dollar amount in subsection (c)(1)(D)(ii)(II) for taxable years beginning in calendar years after 2020, 'calendar year 2019'.' ''.

(d) REPORTING OF DIRECT PRIMARY CARE SERVICE ARRANGEMENT FEES ON W–2.—Section 6051(a) of such Code is amended by striking ''and'' at the end of paragraph (16), by striking the period at the end of paragraph (17) and inserting '', and'', and by inserting after paragraph (17) the following new paragraph:

''(18) in the case of a direct primary care service arrangement (as defined in section 223(c)(1)(D)(ii)) which is provided in connection with employment, the aggregate fees for such arrangement for such employee.''.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2019, in taxable years ending after such date.

SEC. 4404. INCREASING MEDICARE TELEHEALTH FLEXIBILITIES DURING EMERGENCY PERIOD.

Section 1135 of the Social Security Act (42 U.S.C. 1320b–5) is amended—

(1) in subsection (b)(8), by striking ''to an individual by a qualified provider (as defined in subsection (g)(3))'' and all that follows through the period and inserting '', the requirements of section 1834(m).''; and

(2) in subsection (g), by striking paragraph (3).

SEC. 4405. ENHANCING MEDICARE TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS DURING EMERGENCY PERIOD.

Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

(1) in the first sentence of paragraph (1), by striking ''The Secretary'' and inserting ''Subject to paragraph (8), the Secretary'';

(2) in paragraph (2)(A), by striking ''The Secretary'' and inserting ''Subject to paragraph (8), the Secretary'';

(3) in paragraph (4)—

(A) in subparagraph (A), by striking ''The term'' and inserting ''Subject to paragraph (8), the term''; and

(B) in subparagraph (F)(i), by striking ''The term'' and inserting ''Subject to paragraph (8), the term''; and

(4) by adding at the end the following new paragraph:

''(8) ENHANCING TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS DURING EMERGENCY PERIOD.—

''(A) IN GENERAL.—During the emergency period described in section 1135(g)(1)(B)—

''(i) the Secretary shall pay for telehealth services that are furnished via a telecommunications system by a Federally qualified health center or a rural health clinic to an eligible telehealth individual enrolled under this part notwithstanding that the Federally qualified health center or rural clinic providing the telehealth service is not at the same location as the beneficiary;

''(ii) the amount of payment to a Federally qualified health center or rural health clinic that serves as a distant site for such a telehealth service shall be determined under subparagraph (B); and

''(iii) for purposes of this subsection—

''(I) the term 'distant site' includes a Federally qualified health center or rural health clinic that furnishes a telehealth service to an eligible telehealth individual; and

''(II) the term 'telehealth services' includes a rural health clinic service or Federally qualified health center service that is furnished using telehealth to the extent that payment codes corresponding to services identified by the Secretary under clause (i) or (ii) of paragraph (4)(F) are listed on the corresponding claim for such rural health clinic service or Federally qualified health center service.

''(B) SPECIAL PAYMENT RULE.—The Secretary shall develop and implement payment methods that apply under this subsection to a Federally qualified health center or rural health clinic that serves as a distant site that furnishes a telehealth service to an eligible telehealth individual during such emergency period. Such payment methods shall be based on a composite rate that is similar to the payment that applies to payment for comparable telehealth services under the physician fee schedule under section 1848. Notwithstanding any other provision of law, the Secretary may implement such payment methods through program instruction or otherwise.''.

SEC. 4406. TEMPORARY WAIVER OF REQUIREMENT FOR FACE-TO-FACE VISITS BETWEEN HOME DIALYSIS PATIENTS AND PHYSICIANS.

Section 1881(b)(3)(B) of the Social Security Act (42 U.S.C. 1395rr(b)(3)(B)) is amended—

(1) in clause (i), by striking ''clause (ii)'' and inserting ''clauses (ii) and (iii)'';

(2) in clause (ii), in the matter preceding subclause (I), by striking ''Clause (i)'' and inserting ''Except as provided in clause (iii), clause (i)''; and

(3) by adding at the end the following new clause:

''(iii) The Secretary may waive the provisions of clause (ii) during the emergency period described in section 1135(g)(1)(B).''.

SEC. 4407. IMPROVING CARE PLANNING FOR MEDICARE HOME HEALTH SERVICES.

(a) PART A PROVISIONS.—Section 1814(a) of the Social Security Act (42 U.S.C. 1395f(a)) is amended—

(1) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by inserting '', a nurse practitioner or clinical nurse specialist (as such terms are defined in section 1861(aa)(5)) who is working in accordance with State law, or a physician assistant (as defined in section 1861(aa)(5)) under the supervision of a physician, who is'' after ''in the case of services described in subparagraph (C), a physician''; and

(B) in subparagraph (C)—

(i) by inserting '', a nurse practitioner, a clinical nurse specialist, or a physician assistant (as the case may be)'' after ''physician'' the first 2 times it appears; and

(ii) by striking '', and, in the case of a certification made by a physician'' and all that follows through ''face-to-face encounter'' and inserting '', and, in the case of a certification made by a physician after January 1, 2010, or by a nurse practitioner, clinical nurse specialist, or physician assistant (as the case may be) after a date specified by the Secretary (but in no case later than the date that is 6 months after the date of the enactment of the CARES Act), prior to making such certification a physician, nurse practitioner, clinical nurse specialist, or physician assistant must document that a physician, nurse practitioner, clinical nurse specialist, or physician assistant has had a face-to-face encounter'';

(2) in the third sentence—

(A) by striking ''physician certification'' and inserting ''certification'';

(B) by inserting ''(or in the case of regulations to implement the amendments made by section 4407 of the CARES Act, the Secretary shall prescribe regulations, which shall become effective no later than 6 months after the enactment of such Act))'' after ''1981''; and

(C) by striking ''a physician who'' and inserting ''a physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant who''; and

(3) in the fourth sentence, by inserting '', nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant'' after ''physician''; and

(4) in the fifth sentence—

(A) by inserting ''or no later than six months after the enactment of this legislation for purposes of documentation for certification and recertification made under paragraph (2) by a nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant,''; and

(B) by inserting '', nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant'' after ''of the physician''.

(b) PART B PROVISIONS.—Section 1835(a) of the Social Security Act (42 U.S.C. 1395n(a)) is amended—

(1) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by inserting '', a nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5)) who is working in accordance with State law, or a physician assistant (as defined in section 1861(aa)(5)) under the supervision of a physician, who is'' after ''in the case of services described in subparagraph (C), a physician''; and

(B) in subparagraph (A)—

(i) in each of clauses (ii) and (iii) of subparagraph (A) by inserting '', a nurse practitioner, a clinical nurse specialist, or a physician assistant (as the case may be)'' after ''physician''; and

(ii) in clause (iv), by striking ''after January 1, 2010'' and all that follows through ''face-to-face encounter'' and inserting ''made by a physician after January 1, 2010, or by a nurse practitioner, clinical nurse specialist, or physician assistant (as the case may be) after a date specified by the Secretary (but in no case later than the date that is 6 months after the date of the enactment of the CARES Act), prior to making such certification a physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant must document that a physician, nurse practitioner, clinical nurse specialist, or physician assistant has had a face-to-face encounter'';

(2) in the third sentence, by inserting '', nurse practitioner, clinical nurse specialist, or physician assistant (as the case may be)'' after physician;

(3) in the fourth sentence—

(A) by striking ''physician certification'' and inserting ''certification'';

(B) by inserting ''(or in the case of regulations to implement the amendments made by section 4407 of the CARES Act the Secretary shall prescribe regulations which shall become effective no later than 6 months after the enactment of such Act))'' after ''1981''; and

(C) by striking ''a physician who'' and inserting ''a physician, nurse practitioner, clinical nurse specialist, or physician assistant who'';

(4) in the fifth sentence, by inserting '', nurse practitioner, clinical nurse specialist, or physician assistant'' after ''physician''; and

(5) in the sixth sentence—

(A) by inserting ''or no later than six months after the enactment of this legislation for purposes of documentation for certification and recerification made under paragraph (2) by a nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant,'' after ''January 1, 2019''; and

(B) by inserting '', nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant'' after ''of the physician''.

(c) DEFINITION PROVISIONS.—

(1) HOME HEALTH SERVICES.—Section 1861(m) of the Social Security Act (42 U.S.C. 1395x(m)) is amended—

(A) in the matter preceding paragraph (1)—

(i) by inserting '', a nurse practitioner or a clinical nurse specialist (as those terms are defined in subsection (aa)(5)), or a physician assistant (as defined in subsection (aa)(5))'' after ''physician'' the first place it appears; and

(ii) by inserting '', a nurse practitioner, a clinical nurse specialist, or a physician assistant'' after ''physician'' the second place it appears; and

(B) in paragraph (3), by inserting '', a nurse practitioner, a clinical nurse specialist, or a physician assistant'' after ''physician''.

(2) HOME HEALTH AGENCY.—Section 1861(o)(2) of the Social Security Act (42 U.S.C. 1395x(o)(2)) is amended—

(A) by inserting '', nurse practitioners or clinical nurse specialists (as those terms are defined in subsection (aa)(5)), certified nurse-midwives (as defined in subsection (gg)), or physician assistants (as defined in subsection (aa)(5))'' after ''physicians''; and

(B) by inserting '', nurse practitioner, clinical nurse specialist, certified nurse-midwife, physician assistant,'' after ''physician''.

(3) COVERED OSTEOPOROSIS DRUG.—Section 1861(kk)(1) of the Social Security Act (42 U.S.C. 1395x(kk)(1)) is amended by inserting '', nurse practitioner or clinical nurse specialist (as those terms are defined in subsection (aa)(5)), certified nurse-midwive (as defined in subsection (gg)), or physician assistant (as defined in subsection 1820(aa)(5))'' after ''attending physician''.

(d) HOME HEALTH PROSPECTIVE PAYMENT SYSTEM PROVISIONS.—Section 1895 of the Social Security Act (42 U.S.C. 1395fff) is amended—

(1) in subsection (c)(1)—

(A) by striking ''(provided under section 1842(r))''; and

(B) by inserting ''the 1 nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5)), or the physician assistant (as defined in section 1861(aa)(5))'' after ''physician''; and

(2) in subsection (e)—

(A) in paragraph (1)(A), by inserting ''or a nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5))'' after ''physician''; and

(B) in paragraph (2)—

(i) in the heading, by striking ''PHYSICIAN CERTIFICATION'' and inserting ''RULE OF CONSTRUCTION REGARDING REQUIREMENT FOR CERTIFICATION''; and

(ii) by striking ''physician''.

(e) APPLICATION TO MEDICAID.—The amendments made under this section shall apply under title XIX of the Social Security Act in the same manner and to the same extent as such requirements apply under title XVIII of such Act or regulations promulgated thereunder.

(f) EFFECTIVE DATE.—The Secretary of Health and Human Services shall prescribe regulations to apply the amendments made by this section to items and services furnished, which shall become effective no later than six months after the enactment of this legislation. The Secretary shall promulgate an interim final rule if necessary, to comply with the required effective date.

SEC. 4408. ADJUSTMENT OF SEQUESTRATION.

(a) TEMPORARY SUSPENSION OF MEDICARE SEQUESTRATION.—During the period beginning on May 1, 2020 and ending on December 31, 2020, the Medicare programs under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) shall be exempt from reduction under any sequestration order issued before, on, or after the date of enactment of this Act.

(b) EXTENSION OF DIRECT SPENDING REDUCTIONS THROUGH FISCAL YEAR 2030.—Section 251A(6) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901a(6)) is amended—

(1) in subparagraph (B), in the matter preceding clause (i), by striking ''through 2029'' and inserting ''through 2030''; and

(2) in subparagraph (C), in the matter preceding clause (i), by striking ''fiscal year 2029'' and inserting ''fiscal year 2030''.

SEC. 4409. MEDICARE HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM ADD-ON PAYMENT FOR COVID–19 PATIENTS DURING EMERGENCY PERIOD.

(a) IN GENERAL.—Section 1886(d)(4)(C) of the Social Security Act (42 U.S.C. 1395ww(d)(4)(C)) is amended by adding at the end the following new clause:

''(iv)(I) For discharges occurring during the emergency period described in section 1135(g)(1)(B), in the case of a discharge that has a principal or secondary diagnosis of COVID–19, the Secretary shall increase the weighting factor for each diagnosis-related group (with such a principal or secondary diagnosis) by 15 percent.

''(II) Any adjustment under subclause (I) shall not be taken into account in applying budget neutrality under clause (iii).''.

(b) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the amendment made by subsection (a) by program instruction or otherwise.

SEC. 4410. REVISING PAYMENT RATES FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM THROUGH DURATION OF EMERGENCY PERIOD.

(a) RURAL AND NONCONTIGUOUS AREAS.—The Secretary of Health and Human Services shall implement section 414.210(g)(9)(iii) of title 42, Code of Federal Regulations (or any successor regulation), to apply the transition rule described in such section to all applicable items and services furnished in rural areas and noncontiguous areas (as such terms are defined for purposes of such section) as planned through December 31, 2020, and through the duration of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B)), if longer.

(b) AREAS OTHER THAN RURAL AND NONCONTIGUOUS AREAS.—With respect to items and services furnished on or after the date that is 30 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall apply section 414.210(g)(9)(iv) of title 42, Code of Federal Regulations (or any successor regulation), as if the reference to ''dates of service from June 1, 2018 through December 31, 2020, based on the fee schedule amount for the area is equal to 100 percent of the adjusted payment amount established under this section'' were instead a reference to ''dates of service from March 6, 2020, through the remainder of the duration of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B)), based on the fee schedule amount for the area is equal to 75 percent of the adjusted payment amount established under this section and 25 percent of the unadjusted fee schedule amount''.

SEC. 4411. PROVIDING HOME AND COMMUNITY-BASED SERVICES IN ACUTE CARE HOSPITALS.

Section 1902(h) of the Social Security Act (42 U.S.C. 1396a(h)) is amended—

(1) by inserting ''(1)'' after ''(h)'';

(2) by inserting '', home and community-based services provided under subsection (c), (d), or (i) of section 1915 or under a waiver under section 1115, self-directed personal assistance services provided pursuant to a written plan of care under section 1915(j), and home and community-based attendant services and supports under section 1915(k)'' before the period; and

(3) by adding at the end the following:

''(2) Nothing in this title, title XVIII, or title XI shall be construed as prohibiting receipt of any care or services specified in paragraph (1) in an acute care hospital that are—

''(A) identified in an individual's person-centered plan of services and supports (or comparable plan of care);

''(B) provided to meet needs of the individual that are not met through the provision of hospital services;

''(C) not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law; and

''(D) designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functions.''.

SEC. 4412. TREATMENT OF TECHNOLOGY-ENABLED COLLABORATIVE LEARNING AND CAPACITY BUILDING MODELS AS MEDICAL ASSISTANCE.

Section 1915 of the Social Security Act (42 U.S.C. 1396n) is amended by adding at the end the following:

''(m) TECHNOLOGY-ENABLED COLLABORATIVE LEARNING AND CAPACITY BUILDING MODELS.—

''(1) IN GENERAL.—A State may provide, as medical assistance, a technology-enabled collaborative learning and capacity building model used by a provider participating under the State plan (or a waiver of such plan) without regard to the requirements of section 1902(a)(1) (relating to statewideness), section 1902(a)(10)(B) (relating to comparability), and section 1902(a)(23) (relating to freedom of choice of providers).

''(2) REQUIREMENTS.—A State shall be eligible for Federal financial assistance for providing such medical assistance under the following conditions:

''(A) A participating provider uses the technology-enabled collaborative learning and capacity building model to train health professionals (which may include medical students) in protocols for responding to a public health emergency during an emergency period, including any period relating to an outbreak of coronavirus disease 2019 (COVID–19).

''(B) In accordance with section 1902(a)(25), there are no other third parties liable to pay for the use of such model by a participating provider, including as reimbursement under a medical, social, educational, or other program.

''(C) The State allocates the costs of any part of the use such model which is reimbursable under another federally funded program in accordance with OMB Circular A–87 (or any related or successor guidance or regulations regarding allocation of costs among federally funded programs) under an approved cost allocation program.

''(3) NONAPPLICATION OF TIME LIMITS.—Subsection (h) shall not apply to the provision of medical assistance for technology-enabled collaborative learning and capacity building models under this subsection.

''(4) DEFINITIONS.—In this subsection:

''(A) EMERGENCY PERIOD.—The term 'emergency period' has the meaning given that term in section 1135(g)(1).

''(B) TECHNOLOGY-ENABLED COLLABORATIVE LEARNING AND CAPACITY BUILDING MODEL.—The term ' technology-enabled collaborative learning and capacity building model' has the meaning given that term in section 2(7) of the Expanding Capacity for Health Outcomes Act (Public Law 114–270, 130 Stat. 1395).''.

SEC. 4413. ENCOURAGING THE DEVELOPMENT AND USE OF DISARM ANTIMICROBIAL DRUGS.

(a) ADDITIONAL PAYMENT FOR DISARM ANTIMICROBIAL DRUGS UNDER MEDICARE.—

(1) IN GENERAL.—Section 1886(d)(5) of the Social Security Act (42 U.S.C. 1395ww(d)(5)) is amended by adding at the end the following new subparagraph:

''(M)(i)(I) In the case of discharges occurring on or after October 1, 2021, and before October 1, 2026, subject to subclause (II), the Secretary shall, after notice and opportunity for public comment (in the publications required by subsection (e)(5) for a fiscal year or otherwise), provide for an additional payment under a mechanism (separate from the mechanism established under subparagraph (K)), with respect to such discharges involving any DISARM antimicrobial drug, in an amount equal to—

''(aa) the amount payable under section 1847A for such drug during the calendar quarter in which the discharge occurred; or

''(bb) if no amount for such drug is determined under section 1847A, an amount to be determined by the Secretary in a manner similar to the manner in which payment amounts are determined under section 1847A based on information submitted by the manufacturer or sponsor of such drug (as required under clause (v)).

''(II) In determining the amount payable under section 1847A for purposes of items (aa) and (bb) of subclause (I), subparagraphs (A) and (B) of subsection (b)(1) of such section shall be applied by substituting '100 percent' for '106 percent' each place it appears and paragraph (8)(B) of such section shall be applied by substituting '0 percent' for '6 percent'.

''(ii) For purposes of this subparagraph, a DISARM antimicrobial drug is—

''(I) a drug—

''(aa) that—

''(AA) is approved by the Food and Drug Administration;

''(BB) is designated by the Food and Drug Administration as a qualified infectious disease product under subsection (d) of section 505E of the Federal Food, Drug, and Cosmetic Act; and

''(CC) has received an extension of its exclusivity period pursuant to subsection (a) of such section; and

''(bb) that has been designated by the Secretary pursuant to the process established under clause (iv)(I)(bb); or

''(II) an antibacterial or antifungal biological product—

''(aa) that is licensed for use, or an antibacterial or antifungal biological product for which an indication is first licensed for use, by the Food and Drug Administration on or after June 5, 2014, under section 351(a) of the Public Health Service Act for human use to treat serious or life-threatening infections, as determined by the Food and Drug Administration, including those caused by, or likely to be caused by—

''(AA) an antibacterial or antifungal resistant pathogen, including novel or emerging infectious pathogens; or

''(BB) a qualifying pathogen (as defined under section 505E(f) of the Federal Food, Drug, and Cosmetic Act); and

''(bb) has been designated by the Secretary pursuant to the process established under clause (iv)(I)(bb).

''(iii) The mechanism established pursuant to clause (i) shall provide that the additional payment under clause (i) shall—

''(I) with respect to a discharge, only be made to a subsection (d) hospital that, as determined by the Secretary—

''(aa) is participating in the National Healthcare Safety Network Antimicrobial Use and Resistance Module of the Centers for Disease Control and Prevention or a similar reporting program, as specified by the Secretary, relating to antimicrobial drugs; and

''(bb) has an antimicrobial stewardship program that aligns with the Core Elements of Hospital Antibiotic Stewardship Programs of the Centers for Disease Control and Prevention or the Antimicrobial Stewardship Standard set by the Joint Commission; and

''(II) apply to discharges occurring on or after October 1 of the year in which the drug or biological product is designated by the Secretary as a DISARM antimicrobial drug.

''(iv)(I) The mechanism established pursuant to clause (i) shall provide for a process for—

''(aa) a manufacturer or sponsor of a drug or biological product to request the Secretary to designate the drug or biological product as a DISARM antimicrobial drug; and

''(bb) the designation by the Secretary of drugs and biological products as DISARM antimicrobial drugs.

''(II) A designation of a drug or biological product as a DISARM antimicrobial drug may be revoked by the Secretary if the Secretary determines that—

''(aa) the drug or biological product no longer meets the requirements for a DISARM antimicrobial drug under clause (ii);

''(bb) the request for such designation contained an untrue statement of material fact; or

''(cc) clinical or other information that was not available to the Secretary at the time such designation was made shows that—

''(AA) such drug or biological product is unsafe for use or not shown to be safe for use for individuals who are entitled to benefits under part A; or

''(BB) an alternative to such drug or biological product is an advance that substantially improves the diagnosis or treatment of such individuals.

''(III) Not later than October 1, 2021, and annually thereafter through October 1, 2025, the Secretary shall publish in the Federal Register a list of the DISARM antimicrobial drugs designated under this subparagraph pursuant to the process established under clause (iv)(I)(bb).

''(v)(I) For purposes of determining additional payment amounts under clause (i), a manufacturer or sponsor of a drug or biological product that submits a request described in clause (iv)(I)(aa) shall submit to the Secretary information described in section 1927(b)(3)(A)(iii).

''(II) The penalties for failure to provide timely information under clause (i) of subparagraph (C) of section 1927(b)(3) and for providing false information under clause (ii) of such subparagraph shall apply to manufacturers and sponsors of a drug or biological product under this section with respect to information under subclause (I) in the same manner as such penalties apply to manufacturers under such clauses with respect to information under subparagraph (A) of such section.

''(vi) The mechanism established pursuant to clause (i) shall provide that—

''(I) except as provided in subclause (II), no additional payment shall be made under this subparagraph for discharges involving a DISARM antimicrobial drug if any additional payments have been made for discharges involving such drug as a new medical service or technology under subparagraph (K);

''(II) additional payments may be made under this subparagraph for discharges involving a DISARM antimicrobial drug if any additional payments have been made for discharges occurring prior to the date of enactment of this subparagraph involving such drug as a new medical service or technology under subparagraph (K); and

''(III) no additional payment shall be made under subparagraph (K) for discharges involving a DISARM antimicrobial drug as a new medical service or technology if any additional payments for discharges involving such drug have been made under this subparagraph.''.

(2) CONFORMING AMENDMENT.—Section 1886(d)(5)(K)(ii)(III) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(K)(ii)(III)) is amended by striking ''provide'' and inserting ''subject to subparagraph (M)(vi), provide''.

(b) STUDY AND REPORTS ON REMOVING BARRIERS TO THE DEVELOPMENT OF DISARM ANTIMICROBIAL DRUGS.—

(1) STUDY.—The Comptroller General of the United States (in this subsection referred to as the ''Comptroller General'') shall, in consultation with the Director of the National Institutes of Health, the Commissioner of Food and Drugs, the Administrator of the Centers for Medicare & Medicaid Services, and the Director of the Centers for Disease Control and Prevention, conduct a study to—

(A) identify and examine the barriers that prevent the development of DISARM antimicrobial drugs (as defined in section 1886(d)(5)(M)(ii) of the Social Security Act, as added by subsection (a)); and

(B) develop recommendations for actions to be taken in order to overcome any barriers identified under subparagraph (A).

(2) REPORT.—October 1, 2025, the Comptroller General shall submit to Congress a report containing the preliminary results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 4414. NOVEL MEDICAL PRODUCTS.

(a) EXPEDITED CODING OF NOVEL MEDICAL PRODUCTS.—Section 1174(b)(2)(B) of the Social Security Act (42 U.S.C. 1320d–3(b)(2)(B)) is amended by adding at the end the following new clauses:

''(iii) EXPEDITED CODING OF NOVEL MEDICAL PRODUCTS.—

''(I) IN GENERAL.—Notwithstanding paragraph (1), in the case of a novel medical product (as defined in clause (iv)), the Secretary shall make modifications to the HCPCS code set at least once every quarter.

''(II) REQUEST.—Upon the written confidential request of a manufacturer of a novel medical product, the Secretary shall make a determination whether to assign a HCPCS code to such product. Such request may occur on or after the date on which the product receives a designation as a breakthrough therapy under section 506(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356(a)), a breakthrough device under section 515B of such Act (21 U.S.C. 360e–3), or a regenerative advanced therapy under section 506(g) of such Act (21 U.S.C. 356(g)).

''(III) DEADLINE FOR DETERMINATION; NOTIFICATION.—The Secretary shall—

''(aa) not later than 180 calendar days after receiving the request of a manufacturer under subclause (II), make a determination under such subclause with respect to the request; and

''(bb) not later than 30 calendar days after making such determination, notify the manufacturer of the determination.

''(IV) MONITORING UTILIZATION AND OUTCOMES.—A HCPCS code assigned under this clause shall allow for the reliable monitoring of utilization and outcomes of the novel medical product as described in clause (vi).

''(V) EFFECTIVE DATE OF CODE ASSIGNMENT.—If the Secretary makes a determination to assign a HCPCS code to a product under subclause (II), such code—

''(aa) may be assigned within the first quarter after the manufacturer files, with respect to such product, a new drug application under section 505(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)), a biological product license application under section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)), a premarket application under section 515(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e(c)), a report under section 510(k) of such Act (21 U.S.C. 360k), or a request for classification under section 513(f)(2) of such Act (21 U.S.C. 360c(f)(2)); and

''(bb) may not take effect before the date the product is approved, cleared, or licensed by the Food and Drug Administration.

''(VI) TRADE SECRETS AND CONFIDENTIAL INFORMATION.—No information submitted under subclause (II) shall be construed as authorizing the Secretary to disclose any information that is a trade secret or confidential information subject to section 552(b)(4) of title 5, United States Code.

''(iv) NOVEL MEDICAL PRODUCT DEFINED.—For purposes of this subparagraph, the term 'novel medical product' means a drug, biological product, or medical device—

''(I) that has not been assigned a HCPCS code; and

''(II) that has been designated as a breakthrough therapy under section 506(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356(a)), a breakthrough device under section 515B of such Act (21 U.S.C. 360e–3), or a regenerative advanced therapy under section 506(g) of such Act (21 U.S.C. 356(g)).

''(v) HCPCS DEFINED.—For purposes of this subparagraph, the term 'HCPCS' means the Healthcare Common Procedure Coding System.

''(vi) INPATIENT PRODUCTS.—The Secretary shall establish a code modifier within the hospital inpatient prospective payment system under section 1886(d) to track the utilization and outcomes of novel medical products that are assigned a HCPCS code pursuant to the expedited coding process under clause (iii) and are furnished by hospitals in inpatient settings.''.

(b) COVERAGE DETERMINATIONS FOR NOVEL MEDICAL PRODUCTS.—Section 1862(l) of the Social Security Act (42 U.S.C. 1395y(l)) is amended by adding at the end the following new paragraph:

''(7) COVERAGE PATHWAY FOR NOVEL MEDICAL PRODUCTS.—

''(A) IN GENERAL.—The Secretary shall facilitate an efficient coverage pathway to expedite a national coverage decision for coverage with evidence development process under this title for novel medical products described in subparagraph (D). The Secretary shall review such novel medical products for the coverage process on an expedited basis, beginning as soon as the Secretary assigns a HCPCS code to the product under clause (iii)(V)(aa) of section 1174(b)(2)(B).

''(B) DETERMINATION OF COVERAGE WITH EVIDENCE DEVELOPMENT.—Such coverage pathway shall include, with respect to such novel medical products, if the Secretary determines coverage with evidence development is appropriate, issuance of a national coverage determination of coverage with evidence development for a period up to, but not to exceed, 4 years from the date of such determination.

''(C) MODERNIZING PAYMENT OPTIONS FOR NOVEL MEDICAL PRODUCTS.—Not later than 4 years after issuing such national coverage determination, the Secretary shall submit to Congress and to the manufacturer of the novel medical product a report providing options for alternative payment models under this title for the novel medical product or class of such products, which may include the utilization of existing models in the commercial health insurance market. Such report shall include any recommendations for legislation and administrative action as the Secretary determines appropriate to facilitate such payment arrangements.

''(D) NOVEL MEDICAL PRODUCTS DESCRIBED.—For purposes of this paragraph, a novel medical product described in this subparagraph is a novel medical product, as defined in clause (iv) of section 1174(b)(2)(B), that is assigned a HCPCS code pursuant to the expedited coding process under clause (iii) of such section.

''(E) CLARIFICATION.—Nothing in this paragraph shall prevent the Secretary from issuing a noncoverage or a national coverage determination for a novel medical product.''.

(c) ENHANCING COORDINATION WITH THE FOOD AND DRUG ADMINISTRATION.—

(1) PUBLIC MEETING.—

(A) IN GENERAL.—Not later than 12 months after the date of the enactment of this Act, the Secretary shall convene a public meeting for the purposes of discussing and providing input on improvements to coordination between the Food and Drug Administration and the Centers for Medicare & Medicaid Services in preparing for the availability of novel medical products (as defined in section 1174(b)(2)(B)(iv) of the Social Security Act, as added by subsection (a)) on the market in the United States.

(B) ATTENDEES.—The public meeting shall include—

(i) representatives of relevant Federal agencies, including representatives from each of the medical product centers within the Food and Drug Administration and representatives from the coding, coverage, and payment offices within the Centers for Medicare & Medicaid Services;

(ii) stakeholders with expertise in the research and development of novel medical products, including manufacturers of such products;

(iii) representatives of commercial health insurance payers;

(iv) stakeholders with expertise in the administration and use of novel medical products, including physicians; and

(v) stakeholders representing patients and with expertise in the utilization of patient experience data in medical product development.

(C) TOPICS.—The public meeting shall include a discussion of—

(i) the status of the drug and medical device development pipeline related to the availability of novel medical products;

(ii) the anticipated expertise necessary to review the safety and effectiveness of such products at the Food and Drug Administration and current gaps in such expertise, if any;

(iii) the expertise necessary to make coding, coverage, and payment decisions with respect to such products within the Centers for Medicare & Medicaid Services, and current gaps in such expertise, if any;

(iv) trends in the differences in the data necessary to determine the safety and effectiveness of a novel medical product and the data necessary to determine whether a novel medical product meets the reasonable and necessary requirements for coverage and payment under title XVIII of the Social Security Act pursuant to section 1862(a)(1)(A) of such Act (42 U.S.C. 1395y(a)(1)(A));

(v) the availability of information for sponsors of such novel medical products to meet each of those requirements; and

(vi) the coordination of information related to significant clinical improvement over existing therapies for patients between the Food and Drug Administration and the Centers for Medicare & Medicaid Services with respect to novel medical products.

(D) TRADE SECRETS AND CONFIDENTIAL INFORMATION.—No information discussed as a part of the public meeting under this paragraph shall be construed as authorizing the Secretary to disclose any information that is a trade secret or confidential information subject to section 552(b)(4) of title 5, United States Code.

(2) IMPROVING TRANSPARENCY OF CRITERIA FOR MEDICARE COVERAGE.—

(A) UPDATING GUIDANCE.—Not later than 18 months after the public meeting under paragraph (1), the Secretary of Health and Human Services shall update the final guidance entitled ''National Coverage Determinations with Data Collection as a Condition of Coverage: Coverage with Evidence Development'' to improve the availability and coordination of information as described in clauses (iv) through (vi) of paragraph (1)(C), and clarify novel medical product clinical data requirements to meet reasonable and necessary requirements for coverage and payment under title XVIII of the Social Security Act.

(B) FINALIZING UPDATED GUIDANCE.—Not later than 12 months after issuing draft guidance under subparagraph (A), the Secretary shall finalize the updated guidance.

(d) REPORT ON CODING, COVERAGE, AND PAYMENT PROCESSES UNDER MEDICARE FOR NEW MEDICAL PRODUCTS.—

(1) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, the Secretary of Health and Human Services shall publish a report on the internet website of the Department of Health and Human Services regarding processes under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) with respect to the coding, coverage, and payment of medical products described in paragraph (2). Such report shall include the following:

(A) A description of challenges in the coding, coverage, and payment processes under the Medicare program for medical products described in such paragraph.

(B) Recommendations to—

(i) incorporate patient experience data (such as the impact of a disease or condition on the lives of patients and patient treatment preferences) into the coverage and payment processes within the Centers for Medicare & Medicaid Services;

(ii) decrease the length of time to make national and local coverage determinations under the Medicare program (as those terms are defined in subparagraph (A) and (B), respectively, of section 1862(l)(6) of the Social Security Act (42 U.S.C. 1395y(l)(6)));

(iii) streamline the coverage process under the Medicare program and incorporate input from relevant stakeholders into such coverage determinations; and

(iv) identify potential mechanisms to incorporate novel payment designs similar to those in development in commercial insurance plans and State plans under title XIX of the Social Security Act (42 U.S.C. 1396r et seq.) into the Medicare program.

(2) MEDICAL PRODUCTS DESCRIBED.—For purposes of paragraph (1), a medical product described in this paragraph is a medical product, including a drug, biological (including gene and cell therapy and gene editing), or medical device, that has been designated as a breakthrough therapy under section 506(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356(a)), a breakthrough device under section 515B of such Act (21 U.S.C. 360e–3), or a regenerative advanced therapy under section 506(g) of such Act (21 U.S.C. 356(g)).

TITLE II—EDUCATION PROVISIONS

SEC. 4501. SHORT TITLE.

This title may be cited as the ''COVID-19 Pandemic Education Relief Act of 2020''.

SEC. 4502. DEFINITIONS.

(a) DEFINITIONS.—In this title:

(1) QUALIFYING EMERGENCY.—The term ''qualifying emergency'' means—

(A) a public health emergency declared by the Secretary of Health and Human Services pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d);

(B) an event for which the President declared a major disaster or an emergency under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170 and 5191); or

(C) a national emergency declared by the President under section 201 of the National Emergencies Act (50 U.S.C. 1601 et seq.).

(2) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning of the term under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002).

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Education.

SEC. 4503. CAMPUS-BASED AID WAIVERS.

(a) WAIVER OF NON-FEDERAL SHARE REQUIREMENT.—Notwithstanding sections 413C(a)(2) and 443(b)(5) of the Higher Education Act of 1965 (20 U.S.C. 1070b–2(a)(2) and 1087–53(b)(5)), with respect to funds made available for award years 2019-2020 and 2020-2021, the Secretary shall waive the requirement that a participating institution of higher education provide a non-Federal share to match Federal funds provided to the institution for the programs authorized pursuant to subpart 3 of part A and part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq. and 1087–51 et seq.).

(b) AUTHORITY TO REALLOCATE.—Notwithstanding sections 413D, 442, and 488 of the Higher Education Act of 1965 (20 U.S.C. 1070b–3, 1087–52, and 1095), during a period of a qualifying emergency, an institution may transfer up to 100 percent of the institution's unexpended allotment under section 442 of such Act to the institution's allotment under section 413D of such Act, but may not transfer any funds from the institution's unexpended allotment under section 413D of such Act to the institution's allotment under section 442 of such Act.

SEC. 4504. USE OF SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS FOR EMERGENCY AID.

(a) IN GENERAL.—Notwithstanding section 413B of the Higher Education Act of 1965 (20 U.S.C. 1070b–1), an institution of higher education may reserve any amount of an institution's allocation under subpart 3 of part A of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070b et seq.) for a fiscal year to award, in such fiscal year, emergency financial aid grants to assist undergraduate or graduate students for unexpected expenses and unmet financial need as the result of a qualifying emergency.

(b) DETERMINATIONS.—In determining eligibility for and awarding emergency financial aid grants under this section, an institution of higher education may—

(1) waive the amount of need calculation under section 471 of the Higher Education Act of 1965 (20 U.S.C. 1087kk);

(2) allow for a student affected by a qualifying emergency to receive funds in an amount that is not more than the maximum Federal Pell Grant for the applicable award year; and

(3) utilize a contract with a scholarship-granting organization designated for the sole purpose of accepting applications from or disbursing funds to students enrolled in the institution of higher education, if such scholarship-granting organization disburses the full allocated amount provided to the institution of higher education to the recipients.

(c) SPECIAL RULE.—Any emergency financial aid grants to students under this section shall not be treated as other financial assistance for the purposes of section 471 of the Higher Education Act of 1965 (20 U.S.C. 1087kk).

SEC. 4505. FEDERAL WORK-STUDY DURING A QUALIFYING EMERGENCY.

(a) IN GENERAL.—In the event of a qualifying emergency, an institution of higher education participating in the program under part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087–51 et seq.) may make payments under such part to affected work-study students, for the period of time (not to exceed one academic year) in which affected students were unable to fulfill the students' work-study obligation for all or part of such academic year due to such qualifying emergency, as follows:

(1) Payments may be made under such part to affected work-study students in an amount equal to or less than the amount of wages such students would have been paid under such part had the students been able to complete the work obligation necessary to receive work study funds, as a one time grant or as multiple payments.

(2) Payments shall not be made to any student who was not eligible for work study or was not completing the work obligation necessary to receive work study funds under such part prior to the occurrence of the qualifying emergency.

(3) Any payments made to affected work-study students under this subsection shall meet the matching requirements of section 443 of the Higher Education Act of 1965 (20 U.S.C. 1087–53), unless such matching requirements are waived by the Secretary of Education.

(b) DEFINITION OF AFFECTED WORK-STUDY STUDENT.—In this section, the term ''affected work-study student'' means a student enrolled at an eligible institution participating in the program under part C of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087–51 et seq.) who—

(1) received a work-study award under section 443 of the Higher Education Act of 1965 (20 U.S.C. 1087–53) for the academic year during which a qualifying emergency occurred;

(2) earned Federal work-study wages from such eligible institution for such academic year; and

(3) was prevented from fulfilling the student's work-study obligation for all or part of such academic year due to such qualifying emergency.

SEC. 4506. ADJUSTMENT OF SUBSIDIZED LOAN USAGE LIMITS.

Notwithstanding section 455(q)(3) of the Higher Education Act of 1965 (20 U.S.C. 1087e(q)(3)), the Secretary shall exclude from a student's period of enrollment for purposes of loans made under part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087a et seq.) any semester (or the equivalent) during which the student was unable to remain enrolled in school as a result of a qualifying emergency, if the Secretary is able to administer such policy in a manner that limits complexity and the burden on the student.

SEC. 4507. EXCLUSION FROM FEDERAL PELL GRANT DURATION LIMIT.

The Secretary shall exclude from a student's Federal Pell Grant duration limit under section 401(c)(5) of the Higher Education Act of 1965 (2 U.S.C. 1070a(c)(5)) any semester (or the equivalent) that the student does not complete due to a qualifying emergency if the Secretary is able to administer such policy in a manner that limits complexity and the burden on the student.

SEC. 4508. INSTITUTIONAL REFUNDS AND FEDERAL STUDENT LOAN FLEXIBILITY.

(a) INSTITUTIONAL WAIVER.—The Secretary may waive the institutional requirement in section 484B of the Higher Education Act of 1965 (20 U.S.C. 1091b) with respect to the amount of grant or loan assistance (other than assistance received under part C of title IV of such Act) to be returned to the title IV programs if a recipient of assistance under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.) withdraws from the institution during the payment period or period of enrollment as a result of a qualifying emergency.

(b) STUDENT WAIVER.—The Secretary may waive the amounts that students are required to return in section 484B of the Higher Education Act of 1965 (20 U.S.C. 1091b) with respect to Federal Pell Grants or other grant assistance if the withdrawals on which the returns are based on withdrawals by students who withdrew from the institution as a result of a qualifying emergency.

(c) CANCELING LOAN OBLIGATION.—Notwithstanding any other provision of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), the Secretary shall cancel the borrower's obligation to repay the portion of a loan made under part D of title IV of such Act for a recipient of assistance who withdraws from the institution during the payment period as a result of a qualifying emergency.

(d) APPROVED LEAVE OF ABSENCE.—Notwithstanding any other provision of law, for purposes of receiving assistance under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.), an institution of higher education may, as a result of a qualifying emergency, provide a student with an approved leave of absence that does not require the student to return at the same point in the academic program that the student began the leave of absence if the student returns within the same semester (or the equivalent).

SEC. 4509. SATISFACTORY PROGRESS.

Notwithstanding section 484 of the Higher Education Act of 1965 (20 U.S.C. 1091), in determining whether a student is maintaining satisfactory progress for purposes of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.), an institution of higher education may, as a result of a qualifying emergency, exclude from the quantitative component of the calculation any attempted credits that were not completed by such student without requiring an appeal by such student.

SEC. 4510. CONTINUING EDUCATION AT AFFECTED FOREIGN INSTITUTIONS.

(a) IN GENERAL.—Notwithstanding section 481(b) of the Higher Education Act of 1965 (20 U.S.C. 1088(b)), with respect to a foreign institution, in the case of a public health emergency, major disaster or emergency, or national emergency declared by the applicable government authorities in the country in which the foreign institution is located, the Secretary may permit any part of an otherwise eligible program to be offered via distance education for the duration of such emergency or disaster and the following payment period for purposes of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.).

(b) ELIGIBILITY.—An otherwise eligible program that is offered in whole or in part through distance education by a foreign institution between March 1, 2020, and the date of enactment of this Act shall be deemed eligible for the purposes of part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087a et seq.) for the duration of the qualifying emergency and the following payment period for purposes of title IV of the Higher Education Act of 1965 (20 U.S.C. 1070 et seq.). Not later than June 30, 2020, an institution of higher that uses the authority provided in the previous sentence shall report such use to the Secretary.

(c) REPORT.—Not later than 180 days after the date of enactment of this Act, and every 180 days thereafter for the duration of the qualifying emergency and the following payment period, the Secretary shall submit to the authorizing committees (as defined in section 103 of the Higher Education Act of 1965 (20 U.S.C. 1003)) a report that identifies each foreign institution that carried out a distance education program authorized under this section.

(d) WRITTEN ARRANGEMENTS.—

(1) IN GENERAL.—Notwithstanding section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002), for the duration of a qualifying emergency and the following payment period, the Secretary may allow a foreign institution to enter into a written arrangement with an institution of higher education located in the United States that participates in the Federal Direct Loan Program under part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087a et seq.) for the purpose of allowing a student of the foreign institution who is a borrower of a loan made under such part to take courses from the institution of higher education located in the United States.

(2) FORM OF ARRANGEMENTS.—

(A) PUBLIC OR OTHER NONPROFIT INSTITUTIONS.—A foreign institution that is a public or other nonprofit institution may enter into a written arrangement under subsection (a) only with an institution of higher education described in section 101 of such Act (20 U.S.C. 1001).

(B) OTHER INSTITUTIONS.—A foreign institution that is a graduate medical school, nursing school, or a veterinary school and that is not a public or other nonprofit institution may enter into a written arrangement under subsection (a) with an institution of higher education described in section 101 or section 102 of such Act (20 U.S.C. 1001 and 1002).

(3) REPORT USE.—Not later than June 30, 2020, an institution of higher that uses the authority described in paragraph (2) shall report such use to the Secretary.

(4) REPORT FROM THE SECRETARY.—Not later than 180 days after the date of enactment of this Act, and every 180 days thereafter for the duration of the qualifying emergency and the following payment period, the Secretary shall submit to the authorizing committees (as defined in section 103 of the Higher Education Act of 1965 (20 U.S.C. 1003)) a report that identifies each foreign institution that entered into a written arrangement authorized under subsection (a).

SEC. 4511. NATIONAL EMERGENCY EDUCATIONAL WAIVERS.

(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary of Education may waive any statutory or regulatory provision described under subparagraphs (A) through (C) of subsection (b)(1) if the Secretary determines that such a waiver is necessary and appropriate due to the emergency involving Federal primary responsibility determined to exist by the President under the section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5191(b)) with respect to the Coronavirus Disease 2019 (COVID-19).

(b) APPLICABLE PROVISIONS OF LAW.—

(1) IN GENERAL.—The Secretary of Education may waive any statutory or regulatory requirement (such as those requirements related to assessments, accountability, allocation of funds, and reporting), for which a waiver request is submitted under subsection (c), if the Secretary determines that such a waiver is necessary and appropriate as described in subsection (a), under the following provisions of law:

(A) The Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.).

(B) The Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.).

(C) The Higher Education Act of 1965 (20 U.S.C. 1001 et seq.).

(2) LIMITATION.—The Secretary of Education shall not waive under this section any statutory or regulatory requirements relating to applicable civil rights laws.

(c) REQUESTS FOR WAIVERS.—

(1) IN GENERAL.—In addition to any provision waived by the Secretary under subsection (a), a State, State educational agency, local educational agency, Indian tribe, or institution of higher education that desires a waiver from any statutory or regulatory provision described under subparagraphs (A) through (C) of subsection (b)(1) that the Secretary has not already waived in accordance with subsection (a), may submit a waiver request to the Secretary in accordance with this subsection.

(2) REQUESTS SUBMITTED.—A request for a waiver under this subsection shall—

(A) identify the Federal programs affected by the requested waiver;

(B) describe which Federal statutory or regulatory requirements are to be waived; and

(C) describe how the emergency involving Federal primary responsibility determined to exist by the President under the section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5191(b)) with respect to the Coronavirus Disease 2019 (COVID-19) prevents or otherwise restricts the ability of the State, State educational agency, local educational agency, Indian tribe, or institution of higher education to comply with such statutory or regulatory requirements.

(3) SECRETARY APPROVAL.—

(A) IN GENERAL.—Except as provided under subparagraph (B), the Secretary of Education shall approve or disapprove a waiver request submitted under paragraph (1) not more than 15 days after the date on which such request is submitted.

(B) EXCEPTIONS.—The Secretary of Education may disapprove a waiver request submitted under paragraph (1), only if the Secretary determines that—

(i) the waiver request does not meet the requirements of this section;

(ii) the waiver is not permitted pursuant to subsection (b)(2); or

(iii) the description required under paragraph (2)(C) provides insufficient information to demonstrate that the waiving of such requirements is necessary or appropriate consistent with subsection (a).

(4) DURATION.—

(A) IN GENERAL.—Except as provided in paragraph (B), a waiver approved by the Secretary of Education under this subsection may be for a period not to exceed 1 academic year.

(B) EXTENSION.—The Secretary of Education may extend the period described under subparagraph (A) if the State, State educational agency, local educational agency, Indian tribe, or institution of higher education demonstrates to the Secretary that extending the waiving of such requirements is necessary and appropriate consistent with subsection (a).

(d) REPORTING AND PUBLICATION.—

(1) NOTIFYING CONGRESS.—Not later than 7 days after granting a waiver under this section, the Secretary of Education shall notify the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Appropriations of the Senate, the Committee on Education and Labor of the House of Representatives, and the Committee on Appropriations of the House of Representatives of such waiver.

(2) PUBLICATION.—Not later than 30 days after granting a waiver under this section, the Secretary of Education shall publish a notice of the Secretary's decision in the Federal Register and on the website of the Department of Education.

(3) IDEA REPORT.—Not later than 30 days after the date of enactment of this Act, the Secretary of Education shall prepare and submit a report to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate, and the Committee on Education and Labor

and the Committee on Appropriations of the House of Representatives, with recommendations on any additional waivers the Secretary believes are necessary to be enacted into law under the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) and the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) to provide limited flexibility to States and local educational agencies to meet the unique needs of students with disabilities during the emergency involving Federal primary responsibility determined to exist by the President under the section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5191(b)) with respect to the Coronavirus Disease 2019 (COVID-19).

SEC. 4512. HBCU CAPITAL FINANCING.

(a) DEFERMENT PERIOD.—

(1) IN GENERAL.—Notwithstanding any provision of title III of the Higher Education Act of 1965 (20 U.S.C. 1051 et seq.), or any regulation promulgated under such title, the Secretary may grant a deferment, for a period of a qualifying emergency to an institution that has received a loan under part D of title III of such Act (20 U.S.C. 1066 et seq.).

(2) TERMS.—During the deferment period granted under this subsection—

(A) the institution shall not be required to pay any periodic installment of principal required under the loan agreement for such loan; and

(B) the Secretary shall make principal payments otherwise due under the loan agreement.

(3) CLOSING.—At the closing of a loan deferred under this subsection, terms shall be set under which the institution shall be required to repay the Secretary for the payments of principal made by the Secretary during the deferment, on a schedule that begins upon repayment to the lender in full on the loan agreement.

(b) TERMINATION DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the authority provided under this section to grant a loan deferment under subsection (a), shall terminate on the date that is the end of the qualifying emergency.

(2) DURATION.—Any provision of a loan agreement or insurance agreement modified or waived by the authority under this section shall remain so modified or waived for the duration of the period covered by the loan agreement or insurance agreement.

(c) REPORT.—Not later than 180 days after the date of enactment of this Act, and every 180 days thereafter during the period beginning on the first day of the qualifying emergency and ending on September 30 of the fiscal year following the end of the qualifying emergency, the Secretary shall submit to the authorizing committees (as defined in section 103 of the Higher Education Act of 1965 (20 U.S.C. 1003)) a report that identifies each institution that received assistance or a waiver under this section.

SEC. 4513. TEMPORARY RELIEF FOR FEDERAL STUDENT LOAN BORROWERS.

(a) IN GENERAL.—The Secretary shall suspend all payments due for loans made under part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087a et seq.) for 3 months.

(b) NO ACCRUAL OF INTEREST.—Notwithstanding any other provision of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), interest shall not accrue on a loan described under subsection (a) for which payment was suspended for the period of the suspension.

(c) CONSIDERATION OF PAYMENTS.—The Secretary shall deem each month for which a loan payment was suspended under this section as if the borrower of the loan had made a payment for the purpose of any loan forgiveness program authorized under part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087a et seq.) for which the borrower would have otherwise qualified.

(d) EXTENSION.—The Secretary may extend the period of suspension described under subsection (a) for an additional 3 months.

SEC. 4514. PROVISIONS RELATED TO THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE.

(a) ACCRUAL OF SERVICE HOURS.—

(1) ACCRUAL THROUGH OTHER SERVICE HOURS.—

(A) IN GENERAL.—Notwithstanding any other provision of the Domestic Volunteer Service Act of 1973 (42 U.S.C. 4950 et seq.) or the National and Community Service Act of 1990 (42 U.S.C. 12501 et seq.), the Corporation for National and Community Service shall allow an individual described in subparagraph (B) to accrue other service hours that will count toward the number of hours needed for the individual's education award.

(B) AFFECTED INDIVIDUALS.—Subparagraph (A) shall apply to any individual serving in a position eligible for an educational award under subtitle D of title I of the National and Community Service Act of 1990 (42 U.S.C. 12601 et seq.)—

(i) who is performing limited service due to COVID-19; or

(ii) whose position has been suspended or placed on hold due to COVID-19.

(2) PROVISIONS IN CASE OF EARLY EXIT.—In any case where an individual serving in a position eligible for an educational award under subtitle D of title I of the National and Community Service Act of 1990 (42 U.S.C. 12601 et seq.) was required to exit the position early at the direction of the Corporation for National and Community Service, the Chief Executive Officer of the Corporation for National and Community Service may—

(A) deem such individual as having met the requirements of the position; and

(B) award the individual the full value of the educational award under such subtitle for which the individual would otherwise have been eligible.

(b) AVAILABILITY OF FUNDS.—Notwithstanding any other provision of law, all funds made available to the Corporation for National and Community Service under any Act, including the amounts appropriated to the Corporation under the headings ''OPERATING EXPENSES'', ''SALARIES AND EXPENSES'', and ''OFFICE OF THE INSPECTOR GENERAL'' under the heading ''CORPORATION FOR NATIONAL AND COMMUNITY SERVICE'' under title IV of Division A of the Further Consolidated Appropriations Act, 2020 (Public Law 116–94), shall remain available for the fiscal year ending September 30, 2021.

(c) NO REQUIRED RETURN OF GRANT FUNDS.—Notwithstanding section 129(l)(3)(A)(i) of the National and Community Service Act of 1990 (42 U.S.C. 12581(l)(3)(A)(i)), the Chief Executive Officer of the Corporation for National and Community Service may permit fixed-amount grant recipients under such section 129(l) to maintain a pro rata amount of grant funds, at the discretion of the Corporation for National and Community Service, for participants who exited or are serving in a limited capacity due to COVID-19, to enable the grant recipients to maintain operations and to accept participants.

(d) EXTENSION OF TERMS AND AGE LIMITS.—Notwithstanding any other provision of law, the Corporation for National and Community Service may extend the term of service (for a period not to exceed the 1-year period immediately following the end of the national emergency) or waive any upper age limit (except in no case shall the maximum age exceed 26 years of age) for national service programs carried out by the National Civilian Community Corps under subtitle E of title I of the National and Community Service Act of 1990 (42 U.S.C. 12611 et seq.), and the participants in such programs, for the purposes of—

(1) addressing disruptions due to COVID-19; and

(2) minimizing the difficulty in returning to full operation due to COVID-19 on such programs and participants.

SEC. 4515. WORKFORCE RESPONSE ACTIVITIES.

(a) ADMINISTRATIVE COSTS.—Of the total amount allocated to a local area under section 128(b) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3163(b)) and section 133(b) of such Act (29 U.S.C. 3173(b)) and available for administrative costs for program year 2019, not more than 20 percent of the total amount may be used by the local board involved for the administrative costs of carrying out local workforce investment activities under chapter 2 or chapter 3 of subtitle B of title I of such Act (29 U.S.C. 3151 et seq.), if the portion of the total amount that exceeds 10 percent of the total amount as described under section 128(b)(4)(A) of such Act is used to respond to the COVID-19 national emergency.

(b) RAPID RESPONSE ACTIVITIES.—

(1) STATEWIDE RAPID RESPONSE.—Of the funds available for program year 2019 for statewide activities under section 128(a) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3163(a)), such funds may be used for statewide rapid response activities as described in section 134(a)(2)(A) (29 U.S.C. 3174(a)(2)(A)) for responding to the COVID-19 national emergency.

(2) LOCAL BOARDS.—Of the funds available to a Governor under section 133(a)(2) of such Act (29 U.S.C. 3173(a)(2)) such funds may be released within 30 days to local boards most impacted by the coronavirus at the determination of the Governor for rapid response activities related to responding to the COVID-19 national emergency.

(c) DEFINITIONS.—In this section:

(1) CORONAVIRUS.—The term ''coronavirus'' means coronavirus as defined in section 506 of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Public Law 116–123).

(2) COVID-19 NATIONAL EMERGENCY.—The term ''COVID-19 national emergency'' means the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) on March 13, 2020, with respect to the coronavirus.

(3) WIOA TERMS.—Except as otherwise provided, the terms in this section have the meanings given the terms in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

SEC. 4516. TECHNICAL AMENDMENTS.

(a) IN GENERAL.—

(1) Section 6103(a)(3) of the Internal Revenue Code of 1986, as amended by the FUTURE Act (Public Law 116-91), is further amended by striking ''(13), (16)'' and inserting ''(13)(A), (13)(B), (13)(C), (13)(D)(i), (16)''.

(2) Section 6103(p)(3)(A) of such Code, as so amended, is further amended by striking ''(12),'' and inserting ''(12), (13)(A), (13)(B), (13)(C), (13)(D)(i)''.

(3) Section 6103(p)(4) of such Code, as so amended, is further amended by striking ''(13) or (16)'' each place it appears and inserting ''(13), or (16)''.

(4) Section 6103(p)(4) of such Code, as so amended and as amended by paragraph (3), is further amended by striking ''(13)'' each place it appears and inserting ''(13)(A), (13)(B), (13)(C), (13)(D)(i)''.

(5) Section 6103(l)(13)(C)(ii) of such Code, as added by the FUTURE Act (Public Law 116-91), is amended by striking ''section 236A(e)(4)'' and inserting ''section 263A(e)(4)''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the FUTURE Act (Public Law 116-91).

TITLE III—LABOR PROVISIONS

SEC. 4601. LIMITATION ON PAID LEAVE.

Section 110(b)(2)(B) of the Family and Medical Leave Act of 1993 (as added by the Emergency Family and Medical Leave Expansion Act) is amended by striking clause (ii) and inserting the following:

''(ii) LIMITATION.—An employer shall not be required to pay more than $200 per day and $10,000 in the aggregate for each employee for paid leave under this section.''.

SEC. 4602. EMERGENCY PAID SICK LEAVE ACT LIMITATION.

Section 5102 of the Emergency Paid Sick Leave Act (division E of the Families First Coronavirus Response Act) is amended by adding at the end the following:

''(f) LIMITATIONS.—

''(1) IN GENERAL.—An employer shall not be required to pay more than either—

''(A) $511 per day and $5,110 in the aggregate for each employee, when the employee is taking leave for a reason described in paragraph (1), (2), or (3) of section 5102(a); or

''(B) $200 per day and $2,000 in the aggregate for each employee, when the employee is taking leave for a reason described in paragraph (4), (5), or (6) of section 5102(a).

''(2) EXPIRATION OF REQUIREMENT.— An employer's requirement to provide paid leave with respect to a specific employee shall expire at the earlier of—

''(A) the time when the employer has paid that employee for paid leave under this section for an equivalent of 80 hours of work; or

''(B) upon the employee's return to work after taking paid leave under this section.''.

SEC. 4603. REGULATORY AUTHORITIES UNDER THE EMERGENCY PAID SICK LEAVE ACT.

Section 5111(2) of the Emergency Paid Sick Leave Act (division E of the Families First Coronavirus Response Act) is amended by striking ''section 5102(a)(5)'' and inserting ''paragraphs (4) and (5) of section 5102(a)(5)''.

SEC. 4604. UNEMPLOYMENT INSURANCE.

Section 903(h)(2)(B) of the Social Security Act (42 U.S.C. 1103(h)(2)(B)), as added by section 4102 of the Emergency Unemployment Insurance Stabilization and Access Act of 2020, is amended to read as follows:

''(B) The State ensures that applications for unemployment compensation, and assistance with the application process, are accessible in person, by phone, or online.''.

SEC. 4605. OMB WAIVER OF PAID FAMILY AND PAID SICK LEAVE.

(a) FAMILY AND MEDICAL LEAVE ACT OF 1993.—Section 110(a) of title I of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611 et seq.) (as added by division C of the Families First Coronavirus Response Act) is amended by adding at the end the following new paragraph:

''(4) The Director of the Office of Management and Budget shall have the authority to exclude for good cause from the requirements under subsection (b) certain employers of the United States Government with respect to certain categories of Executive Branch employees.''.

(b) EMERGENCY PAID SICK LEAVE ACT.—The Emergency Paid Sick Leave Act (division E of the Families First Coronavirus Response Act) is amended by adding at the end the following new section:

''SEC. 5112. AUTHORITY TO EXCLUDE CERTAIN EMPLOYEES.

''The Director of the Office of Management and Budget shall have the authority to exclude for good cause from the definition of employee under section 5110(1) certain employees described in subparagraphs (E) and (F) of such section, including by exempting certain United States Government employers covered by section 5110(2)(A)(i)(V) from the requirements of this title with respect to certain categories of Executive Branch employees.''.

SEC. 4606. PAID LEAVE FOR REHIRED EMPLOYEES.

Section 110(a)(1)(A) of the Family and Medical Leave Act of 1993, as added by section 3102 of the Emergency Family and Medical Leave Expansion Act, is amended to read as follows:

''(A) ELIGIBLE EMPLOYEE.—

''(i) IN GENERAL.—In lieu of the definition in sections 101(2)(A) and 101(2)(B)(ii), the term 'eligible employee' means an employee who has been employed for at least 30 calendar days by the employer with respect to whom leave is requested under section 102(a)(1)(F).

''(ii) RULE REGARDING REHIRED EMPLOYEES.—For purposes of clause (i), the term 'employed for at least 30 calendar days', used with respect to an employee and an employer described in clause (i), includes an employee who was laid off by that employer not earlier than March 1, 2020, had worked for the employer for not less than 30 of the last 60 calendar days prior to the employee's layoff, and was rehired by the employer.''.

SEC. 4607. ADVANCE REFUNDING OF CREDITS.

(a) PAYROLL CREDIT FOR REQUIRED PAID SICK LEAVE.—Section 7001 of division G of the Families First Coronavirus Response Act is amended by inserting after subsection (g) the following new subsection:

''(h) TREATMENT OF DEPOSITS.—The Secretary of the Treasury (or the Secretary's delegate) shall waive any penalty under section 6656 of the Internal Revenue Code of 1986 for any failure to make a deposit of the tax imposed by section 3111(a) or 3221(a) of such Code if the Secretary determines that such failure was due to the anticipation of the credit allowed under this section.''.

(b) CREDIT FOR SICK LEAVE FOR CERTAIN SELF-EMPLOYED INDIVIDUALS.—Section 7002 of division G of the Families First Coronavirus Response Act is amended by inserting after subsection (g) the following new subsection:

''(h) ADVANCING CREDIT.—The Secretary of the Treasury (or the Secretary's delegate) shall issue such forms and instructions as are necessary—

''(1) to allow the advance payment of the credit under subsection (a), subject to the limitations provided in this section, based on such information as the Secretary shall require, and

''(2) to provide for the reconciliation of such advance payment with the amount advanced at the time of filing the return of tax for the taxable year.''.

(c) PAYROLL CREDIT FOR REQUIRED PAID FAMILY LEAVE.—Section 7003 of division G of the Families First Coronavirus Response Act is amended by inserting after subsection (g) the following new subsection:

''(h) TREATMENT OF DEPOSITS.—The Secretary of the Treasury (or the Secretary's delegate) shall waive any penalty under section 6656 of the Internal Revenue Code of 1986 for any failure to make a deposit of the tax imposed by section 3111(a) or 3221(a) of such Code if the Secretary determines that such failure was due to the anticipation of the credit allowed under this section.''.

(d) CREDIT FOR FAMILY LEAVE FOR CERTAIN SELF-EMPLOYED INDIVIDUALS.—Section 7004 of division G of the Families First Coronavirus Response Act is amended by inserting after subsection (e) the following new subsection:

''(f) ADVANCING CREDIT.—The Secretary of the Treasury (or the Secretary's delegate) shall issue such forms and instructions as are necessary—

''(1) to allow the advance payment of the credit under subsection (a), subject to the limitations provided in this section, based on such information as the Secretary shall require, and

''(2) to provide for the reconciliation of such advance payment with the amount advanced at the time of filing the return of tax for the taxable year.''.

DIVISION E—TEMPORARY PERMIT USE TO GUARANTEE MONEY MARKET MUTUAL FUNDS

SEC. 5001. NON-APPLICABILITY OF RESTRICTIONS ON ESF DURING NATIONAL EMERGENCY.

Section 131 of the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5236) shall not apply during the national emergency concerning the novel coronavirus disease (COVID–19) outbreak declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.).

DIVISION F—BUDGETARY PROVISIONS

SEC. 6001. EMERGENCY DESIGNATION.

(a) IN GENERAL.—The amounts provided under this Act are designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

(b) DESIGNATION IN SENATE.—In the Senate, this Act is designated as an emergency requirement pursuant to section 4112(a) of H. Con. Res. 71 (115th Congress), the concurrent resolution on the budget for fiscal year 2018.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 548—AMENDING THE STANDING RULES OF THE SENATE TO ENABLE THE PARTICIPATION OF ABSENT SENATORS DURING A NATIONAL CRISIS

Mr. PORTMAN (for himself and Mr. DURBIN) submitted the following resolution; which was referred to the Committee on Rules and Administration:

S. RES. 548

Resolved, That

SECTION 1. PARTICIPATION OF ABSENT SENATORS DURING A NATIONAL CRISIS.

Rule XII of the Standing Rules of the Senate is amended by adding at the end the following:

''5. Senators may use technology that has been approved by the Secretary of the Senate and Sergeant at Arms and Director of the Doorkeepers as reliable and secure to cast their votes from outside of the Senate Chamber if the Majority Leader or his or her designee and the Minority Leader or his or her designee determine that an extraordinary crisis of national extent exists in which it would be infeasible for Senators to cast their votes in person. Senators in such circumstance may then cast votes under this paragraph only during the 30-day period beginning on the date on which such determination is made unless such period is renewed by an affirmative vote of three-fifths of the Senators duly chosen and sworn. During such period, Senators participating remotely and using approved technology to cast their votes under this paragraph shall be deemed present for quorum purposes. The determination made under this paragraph shall not rely on any decision of any other branch of the United States Government. The Majority Leader or his or her designee and the Minority Leader or his or her designee shall submit at the beginning of the first session of each Congress an order for

designees of each caucus in the case of such a crisis.''.

ORDERS FOR FRIDAY, MARCH 20, 2020

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Friday, March 20; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate be in a period of morning business with Senators permitted to speak therein for up to 10 minutes each.

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

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator BRAUN.

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

The Senator from Indiana.

SENATE LEGISLATIVE AGENDA

Mr. BRAUN. Mr. President, first of all, I would like to thank you for sparing me not having to be in the seat indefinitely, and I promise I will keep this short.

What a day we have come through. Senator CRAMER and I have been here a little bit over a year, and I can't imagine in a little over a year being more filled with making this responsibility as a U.S. Senator worth every effort it took to get here. It finds us in an interesting place.

I am from Main Street America. I spent 37 years building my own company, a company that three of my four kids—along with a great, young executive team—run now, and here we are. We are confronted with coronavirus. Now, in a sequence of H1N1, SARS, MERS, even a threat from Ebola, this looks like it is the one that we have heard about for a long time that could really test the mettle of our country while we are going through it.

We have listened to the experts, and I think that idea of hitting this as hard as we can makes sense. You hear about flattening the curve. Yes, we need to do that. In the process, everything we are doing has now been thrown in front of probably the strongest economy that you could ever imagine. Look how frail it can be when something comes along that you don't understand and that you fear.

Over the next 2 to 3 days, we are going to be wrestling with something that probably is going to be as tough as anything we have confronted as a country. I thought, at first, well, we would get through this, especially if it wasn't going to be a real tough thing to get rid of. That is not the case. This is going to take everything we have. What we are doing this weekend ought to be based upon the commonality that all of us believe we should take care of the hard-working individuals who have been displaced by this and small businesses. We have that nucleus to start from.

Of course, it begs the question: What do you do about other parts of the economy? Well, my feeling is what we do tomorrow is not going to be the last thing we do to make sure we take this on with a full head of steam.

I am getting input from middle America, from my home State, from people whom I really trust their judgment. They are saying, yes, we want to make sure we do everything and throw the kitchen sink at it. We want to make sure that we protect the most vulnerable—the people who have a preexisting condition, mostly elderly—impacted in the State of Washington and other places.

I am increasingly asked the question: Do we want to keep plowing forward, regardless of what the results are? If the economy is starting to show what it is showing, which has so much fear and anxiety built into it, how long can we put up with it? What we are going to do this weekend is the first major effort at restoring confidence in the economy.

I am sure we will come back again soon because, like I said earlier, it is not the end of it. At some point, we need to carefully measure the progress we are making against the cause of it in the first place and make sure that that is working the way we intended it to work, which is to make sure that we take care of the most vulnerable and protect them from the ravages of the coronavirus.

So 10 days, 2 weeks down the road, I think we are going to be at a pivotal point. We are going to see if the early effort has worked. We all pray that it does. We are going to see what our efforts are going to yield and generate here this weekend, and then I want to make sure that, at that pivot point, when we need to look at this again, do we keep doing what we are doing, or do we do what seems to make sense, maybe make some adjustments, maybe focus on a different approach that does not systematically take the patient down: a healthy economy. I think we all want to accomplish the same thing. We are going to start this weekend.

Please, both sides of the aisle, don't quibble and don't bicker about some of the details because this is urgent. The American public expects us to do something. Then, here in another 10 days to 2 weeks, we need to look at it again and make sure we make the right decisions that really are in the long-term interest of tamping down the coronavirus and not killing a very healthy patient—our economy—that now looks like it is hurting.

Thank you.

I yield the floor.

ADJOURNMENT UNTIL TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until noon tomorrow.

Thereupon, the Senate, at 6:10 p.m., adjourned until Friday, March 20, 2020, at 12 noon.