has been included in the HEALS Act, the phase 4 coronavirus relief package the Republicans introduced yesterday. Like my original mobile workforce bill, the Remote and Mobile Worker Relief Act would create a uniform, 30-day standard governing State income tax liability for mobile workers, but my new bill goes further and addresses some of the particular challenges faced by mobile and remote workers as a result of the coronavirus.

The Remote and Mobile Worker Relief Act would establish a special 90-day standard for healthcare workers who travel to another State to help during the pandemic. This should ensure that no healthcare worker faces an unexpected tax bill for the contributions he or she makes to fighting the coronavirus.

My new bill also addresses the possible tax complications that could face remote workers as a result of the pandemic. During the coronavirus crisis, many workers who usually travel to their offices every day have ended up working from home. This doesn't present a tax problem for most employees, but it does present a possible problem for workers who live in a different State than the one in which they work.

Workers who live in a different State from the one in which they work are subject to income tax from both States, but under current State tax laws, they usually pay most or all of their State income taxes to the State in which they earn their income rather than their State of residence. However, now that some workers who usually work in a different State have been working from home, there is a risk that their State of residence could consider the resulting income as allocated to and taxable by it as well. That could mean a higher tax bill for a lot of workers.

My bill would preempt this problem by codifying the pre-pandemic status quo. Under my bill, if you plan to work in North Carolina but had to work from home in South Carolina during the pandemic, your income would still be taxed as if you were going into the office in North Carolina every day, just as it would have been if the pandemic had never happened.

Relief for mobile workers is a bipartisan idea. A version of my original mobile workforce bill has passed the House of Representatives multiple times, and the only reason it hasn't advanced so far in the Senate is because of the opposition of a handful of States that aggressively tax—you have got it—temporary workers.

Now that the pandemic has highlighted the challenges facing mobile workers and the potential challenges facing remote workers, I am pleased that my legislation will be considered here in the Senate as part of the broader coronavirus relief package that we hope to pass in the next couple of weeks. I am grateful to Chairman GRASSLEY for his support for this legislation.

It is unconscionable—unconscionable—that we would allow healthcare workers who risked their own lives to care for individuals in coronavirus-stricken States to be punished with unexpected tax bills. We need to make sure that Americans who work from home to help slow the spread of the virus don't face a complicated tax situation or an unexpectedly high tax bill as a result.

Americans have faced enough challenges over the past several months. Let's make sure tax problems are not among them.

I yield the floor.

I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

Mr. CASEY. I ask unanimous consent that the order for the quorum call be rescinded.

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

CORONAVIRUS

Mr. CASEY. Mr. President, I rise this afternoon to talk about long-term care and a number of related challenges that confront our country, especially at this time.

One of the most horrific numbers in all of the horror that we have seen in the aftermath of the onset of the virus and COVID–19 disease and the jobs and economic crisis that have followed it is the number of deaths in long-term care settings.

When you combine the deaths of residents in nursing homes and other similar settings—sometimes called long-term care or even congregate settings—with the deaths of workers, we know that the number now exceeds 59,000 Americans. About 40 percent of all the deaths are either a resident of a long-term care facility or a worker in those facilities.

So we are talking about those Americans today—those families—when we consider what we do next because no one here, I don't think—I don't care what side of the aisle, what point of view, who you are, what State you are from, no one in this body or in the House would want to accept the idea that, say, 4 months from today, or 5 months or 6 months, another 59,000 or 60,000 people will have died in those settings.

We know a lot about how to get those numbers down. It is not one of those things where we can throw up our hands and say there is little that we can do. There is a lot we can do because Americans are smart, innovative, and caring, and a lot of smart people have figured out how to get those numbers down.

So 59,000—more than 59,000—Americans is unacceptable. Also, 40 percent of all the deaths going forward is also unacceptable. About a month ago, I came to the floor with some of my colleagues, and we pressed for a vote on the solutions we need to save lives in nursing homes and also protect the workforce. The majority blocked the vote. Since then, the Senate has done nothing when it comes to this issue that has impacted so many families and so many communities. We have a chance now.

I realize sometimes when a bill gets blocked that that isn't the end of the story and that the individual or the party blocking might have a different idea, a better idea, a different solution, a better approach. If that is the case with the majority, we need to hear it. I would hope that a solution, a remedy, a strategy to get the 59,000-death number down would include the resources to do it because this isn't a circumstance where you can just wish it away. This isn't a circumstance where you can just move a little bit of policy around. We need resources, and I will talk more about them.

We know that yesterday Senate Republicans released their plan for the next piece of legislation relating to COVID–19 and the economy. This proposal is 2 months—a full 2 months—after the House passed the Heroes Act to bring relief to the millions of Americans who are suffering, families who are suffering, not only in the context of long-term care—having lost a loved one, a resident, or a worker in their family—but they are suffering for other reasons as well.

We know the unemployment rate is intolerably too high. In my home State of Pennsylvania—just imagine this—the number was 1-plus million people out of work in April. Thankfully, that number went down in the month of May, but it only went down to 849,000 people out of work.

I was hoping, as I know everyone was in the State, that the June number would fall precipitously and maybe by the same percentage, so 849,000 people would go well into the 700s and maybe even into the 600,000s and would keep going down from there. Unfortunately, in the month of June, it went from 849,000 to about 821,000 people out of work. I don't think I have seen unemployment numbers like that in my home State in my lifetime.

The 13.4 percent unemployment in May dropped but only went down to 13 percent. Just by way of comparison, in the great recession of just roughly a decade ago, Pennsylvania's unemployment rate went way up, as it did in a lot of other States. It stopped at 10 percent. Some counties were above 10 percent, 11 percent, 12 percent or higher. Statewide, it never really went above 10 percent.

We are now in our third month of unemployment rates well above 10 percent. It was 16 percent in April, almost 13.5 percent in May, and now 13 percent exactly now. We have a lot of work to do.

For purposes of today's discussion, I wanted to talk about what we can do in the long-term care context. The Republican proposal of yesterday makes no

meaningful investment to save lives in nursing homes. The policies that address long-term care in this proposal are insufficient. I think that is an understatement, but I will let that go for now.

There is no investment in home and community-based services, and there is no funding to reward the heroes on the frontlines. Some people might say: What do you mean by home and community-based services? I don't understand that. I am not sure what you mean.

We know that in the United States we have a number of settings where care is delivered—care for older citizens, older Americans, and care for people with disabilities. In the nursing home context, of course, that is skilled care in a facility, in a so-called congregate setting. Depending on which number you believe, in the United States we have between 1.3 and 1.5 million Americans there. We also have a lot of Americans who are getting their care—very important care for a senior or for someone with a disability—in a home setting or in a community-based setting, but the funding doesn't flow in that direction very often. So we are trying to change that because, obviously, if you are an older American, you might have certain conditions that make you even more susceptible, more vulnerable in the context of COVID–19. In many cases, it will be preferable to have you in a home setting or community-based setting.

But if you are in those settings, we have to invest in the workers who do that heroic work in both nursing homes, in homes, and in community-based settings, because the care is not going to be what it needs to be if we are not helping the workforce. I think most people agree with that.

Just as we cannot allow another 3 or 4 months to go by with 59,000 people dying, we also cannot allow the conflict here in the Senate to stop us from making progress in long-term care. We have to help nursing homes at the same time as we demand more of them. We need to invest in what we know works.

I have a bill, S. 3768, introduced with Senator WHITEHOUSE. The name of the bill is the Nursing Home COVID–19 Protection and Prevention Act. It would dedicate $20 billion in emergency funding for proven practices. We would spend $20 billion to get that death number down and also to get the case number down.

We are concerned, as well, about the high number of cases. We need to invest in best practices that some long-term care settings were investing in way back in early March, and some long-term care facilities got much better results. They had fewer cases and lower numbers of deaths because they were investing in these best practices. But to invest $20 billion in emergency funding for these proven best practices, I think, is a bargain to get the death number down and get the case number down.

This bill will help nursing homes become a lot better and become more proficient at a practice called cohorting. It is real simple. That just means separating people in the nursing home. You separate the residents with COVID–19 from the residents who don't have it. When that basic practice is in place and when it is operative, it is something that a lot of places need help with. There are, obviously, costs involved in that. There may be costs because you have to do retrofitting. There may be costs in terms of needing additional staff.

But that is only part of it. The bill also allows nursing homes to provide for their workers, these heroes who are on the frontlines every day. Obviously, if you are on the frontlines every day, you are an essential worker. There are all these phrases and descriptions of these workers. Those who are at the front of the frontline are those in healthcare, because they are not only going out every day and providing an essential service, but they are closest to the risk. That includes folks who work in hospitals and other settings, of course. That is for certain. But it also includes people who work in nursing homes and at home and in community-based service settings.

Those are folks whom we call heroes, and it is nice to call them heroes. It is nice to say they are doing great work. It is nice to pat them on the back, but what we should be doing is paying them more for the sacrifice they make for the country.

The analogy, of course, is the GI bill. I have a bill that would add similar education benefits to those frontline workers, those heroes.

But at a minimum, they should get premium pay and overtime pay. They should also have essential benefits, and we should help them with childcare. You can't say: You have got to be on the frontlines; you have got to be on the front of the front lines, and you have to go to work every day because we need your essential skilled work to care for the most vulnerable, but you are on your own with childcare. Good luck.

We haven't done much to help them with that.

My bill also includes strong resident protections—''resident'' meaning residents of nursing homes—to prevent evictions to homeless shelters and to provide an extra check on nursing home quality.

All these things I just recited in the bill, the Republican proposal doesn't have. I think the time is long overdue for Congress to take action to deal with what can only be described as an American tragedy—a preventable American tragedy. No one would argue—I certainly would not argue—that the 59,000-plus number could be zero. It is not what we are saying. What we are saying is you can bring the number down. If we bring the number down, even a little bit, it is worth it to save lives and to reduce the number of cases, but I think we can do a lot better than that.

Last week, a coalition made up of representatives from the nursing home industry, direct service professionals, AARP, the Alzheimer's Association, Catholic Charities, The Arc, and the Service Employees International Union came together to write to Senate leadership to demand this action and more. Think about that group. That is not a group that is always on the same page. They have often direct conflicts on a lot of issues, but they have all come together to support the residents in nursing homes and those in other settings and the workers because that is how dire it is. Groups that are often in conflict on legislation are together on this. Here is part of what they wrote to the Senate leadership: ''The urgent need to save lives, prevent the spread of the virus, and address the services and support older adults and people with disabilities need cannot be overstated.''

In addition to nursing home supports, this coalition called for dedicated funds for home and community-based services under Medicaid that I described earlier. I have a bill to do that. The House-passed Heroes Act, in fact, does that. The Heroes Act passed 2 months ago, and here we are without a bill ready to vote on in the Senate.

I sent a letter with 28 of my colleagues yesterday to urge Leader MCCONNELL to move these policies forward. We know that over 2.5 million older adults and people with disabilities depend on these services to be able to continue living in their own homes. These 2.5 million seniors and people with disabilities are folks who are not in a nursing home or other congregate setting. They are, by definition, in their homes or in a community-based setting. They are receiving their supports and services in their homes, where they are less likely to be exposed to the virus and often are able to see their families.

Just to give you one example, there is Michelle Mitchell of Allentown, PA—on the eastern side of our State, almost at the New Jersey border. Michelle is a person who benefits from the services. She has a lifelong disability—cerebral palsy—which affects the use of her arms and legs. She holds multiple degrees and is a full-time faculty member at a local college.

Every single day, Michelle Mitchell has the benefit of a personal care attendant who helps Michelle get out of bed, helps her to bathe, helps her to dress, and helps her to eat. Without Medicaid home and community-based services, thousands of people with similar needs to Michelle would not be able to live at home and work and interact with neighbors and friends. Home and community-based services keep Michelle safe, they keep her healthy, and they keep her engaged.

But the agencies that provide these vital services are facing barriers. A survey of home and community-based

services providers conducted by the group ANCOR found that 68 percent of providers have had to close some of their services to people with intellectual or developmental disabilities. This same survey found that over half of the agencies had faced significant additional expenses because of pandemic expense.

We know that life has changed for so many Americans and so many institutions. This is one of these agencies that do such good work. Some of the expenses they face include increased levels of overtime, purchases of personal protective equipment, and additional training for workers. Perhaps most unsettling is that the agencies that provide essential services to older adults and people with disabilities don't have sufficient funding to keep offering services for more than 1 month if payments stop. This lack of cash on hand illustrates how fragile the home and community-based services system is.

Yesterday morning, administrators in Pennsylvania said that if home and community-based services were not available, thousands of additional people would need to enter nursing homes, which again, is a congregate setting, where the likelihood of contracting the virus is higher than a lot of other settings. That, of course, would put them at greater risk of contracting the virus and much greater risk of dying because of this horrible pandemic.

When we talk about investing in home and community-based services, that is tied to the goal of getting not just the case number down but the death number down.

The proposal by Republicans yesterday makes clear that they are not focused on this crisis. There is no investment in home and community-based services at all. The response to nursing homes is wholly insufficient. The level of funding provided in the proposal, in my judgment, is an insult to older Americans. It is an insult to people with disabilities and their families, and it is an insult to the workers who support them. Claiming that people with disabilities and seniors are supported in this legislation is just not true.

On top of the lack of funding, the bill blows a hole in the protections provided by the ADA, or the Americans with Disabilities Act, for people with disabilities. To ensure that seniors and people with disabilities are kept safe and healthy during this public health crisis, we need to ensure that strong policies are in place to keep nursing homes safe, and we need to ensure that there is dedicated funding for home and community-based services.

I am calling for an investment in both settings—home and community-based services—for seniors and people with disabilities, as well as investments in proven strategies that we know will help nursing homes and also get the death numbers down. To meet our responsibilities to those who are most at risk—the most vulnerable among us—the Senate should include these provisions that I have described in the next COVID–19 legislation.

RECOGNIZING THE IMPORTANCE OF INDEPENDENT LIVING FOR INDIVIDUALS WITH DISABILITIES MADE POSSIBLE BY THE AMERICANS WITH DISABILITIES ACT OF 1990 AND CALLING FOR FURTHER ACTION TO STRENGTHEN HOME AND COMMUNITY LIVING FOR INDIVIDUALS WITH DISABILITIES

Mr. CASEY. Mr. President, there is one more item to address before I relinquish the microphone.

We know that yesterday was the 30th anniversary of the signing of the Americans with Disabilities Act, to which I just referred—the so-called ADA. This is legislation that Congress should be very proud of because of how much it has ensured that millions of Americans with disabilities have been able to exercise their rights as Americans. We still have some work to do on the goals of the ADA, but it is a good anniversary to remember and to celebrate. So, in honor of the anniversary, I offer this resolution to celebrate the 30th anniversary of the signing of the Americans with Disabilities Act.

I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 661, a resolution recognizing the importance of independent living for individuals with disabilities made possible by the Americans with Disabilities Act of 1990 and calling for further action to strengthen home and community living for individuals with disabilities, which was submitted earlier today.

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

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 661) recognizing the importance of independent living for individuals with disabilities made possible by the Americans with Disabilities Act of 1990 and calling for further action to strengthen home and community living for individuals with disabilities.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASEY. I know of no further debate.

The PRESIDING OFFICER. Is there further debate on the resolution?

Hearing none, the question is on agreeing to the resolution.

The resolution (S. Res. 661) was agreed to.

Mr. CASEY. I further ask unanimous consent that the preamble be agreed to and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under ''Submitted Resolutions.'')

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

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, I congratulate our friend from Pennsylvania who has demonstrated that bipartisanship is not dead in the U.S. Congress. In fact, I learned a long time ago that bipartisanship, collegiality, and cooperation don't really make much news, so people do get sort of a misimpression sometimes as to how Congress functions. Let me just say there are plenty of people on both sides of the aisle who are actually interested in solving some of our Nation's biggest problems. Again, they aren't necessarily the ones you see on cable news or grabbing the headlines, but they are doing important work. I am proud to be part of a body that does bipartisan work and solves problems in working together.

HURRICANE HANNA

Mr. CORNYN. Mr. President, over the weekend, as Texans continued to battle COVID–19, those in parts of the State came to face with another disaster at the same time. It just seems like the challenges keep coming. First, we are in a pandemic. Then George Floyd lost his life unnecessarily and raised our consciousness to the racial injustice that still exists in this country. Then we had a natural disaster like a hurricane. Hurricane Hanna made landfall in South Texas and brought heavy rains and high winds to communities that were already grappling with the pandemic, especially the Rio Grande Valley. On Sunday, nearly 300,000 homes were without power in South Texas, and power is still being restored in a number of those communities. Navigating dangerous floodwaters and downed power lines is difficult under normal circumstances, and when you add a highly contagious virus to the mix, as you can imagine, it presents a host of logistical challenges.

I first thank the first responders and emergency crews who have been working overtime these last few days to get our neighbors to safety and to restore their power as quickly as possible. There is a strong sense of community in South Texas and the Rio Grande Valley, and I have no doubt these communities will pull together and come out of this crisis stronger than before.

I have been talking to a number of the leaders in several of the counties that have been affected, and we will continue working with them to ensure they have the resources they need to sustain their response and recovery efforts in the short term and address those critical infrastructure needs in the long term.

I have also heard from a number of farmers, ranchers, and agricultural producers whose crops have been flooded, and I expect to hear more in the coming days about how we might be helpful, especially, again, in this already challenging time.