

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.

HEALS ACT

Mr. CORNYN. Mr. President, as I said, the number of COVID-19 cases has surged in recent weeks in the Rio Grande Valley, South Texas, and throughout the State as well. Just a couple of weeks ago, Texas reported more than 10,000 new cases in a single day, and that happened 5 days in a row.

It certainly was a wake-up call for many who had not had taken the most effective precautions seriously—things like social distancing, good personal hygiene, the wearing of masks if you can't socially distance, and staying home if you are sick. It is amazing what we can do as individuals to stop the spread of this virus by doing those simple things. Unfortunately, some people let their guard down and didn't follow those protocols, so we saw a huge uptick in the number of cases. Thankfully, though, I think the message has been received and understood, and we have recently seen a gradual and encouraging decline in cases.

Yet, as the war against COVID-19 wages on, we can't afford to lose any additional ground whether from a public health perspective or from an economic recovery perspective. So I believe it is time for Congress to pass additional legislation to strengthen our fight. That is why my colleagues and I introduced the HEALS Act yesterday. This legislation builds on the significant progress we have made already in four bipartisan bills that have already passed the Congress and have been signed into law by President Trump that will sustain our effort to defeat this virus and recover economically.

This legislation will ensure that workers who had the rug pulled out from under them earlier this year will continue to receive enhanced unemployment benefits.

It will provide funding to help K-12 schools, colleges, and universities safely and effectively educate their students this fall whether that means there being a combination of online or in-person instruction.

It will send additional and needed assistance to our farmers, ranchers, and producers who are keeping our families fed in the midst of the pandemic, and it will give States and local governments the flexibility they have requested and that they need to use CARES Act funding where it is needed the most.

In the coming days, I will talk more about how this legislation supports the workers and institutions that have been hit the hardest by this virus, but, today, I would like to focus on the ways it bolsters our fight against the virus itself.

One of the most important ways we can do that is through testing. The ability to identify positive cases as early as possible is the key to stopping the spread of the virus. Yet, as we have learned, there are massive numbers of people who have the virus who don't even know it and don't experience any symptoms. In short, they don't even feel sick. What we have seen, whether

it be in multigenerational households or with the people who are most vulnerable to this virus—mainly, the elderly and the people with underlying health problems—is that they cannot be properly isolated unless we can identify the people who are carrying the virus even though they themselves may not be suffering any symptoms.

The first coronavirus package we passed made testing free. It removed the cost barrier that could prevent those who needed a test from receiving one. At the time, if you were asymptomatic, the CDC—Centers for Disease Control and Prevention—didn't recommend your getting a test. Some of that was because of the constraints on the numbers of tests that were available. The fact is, if you are not suffering from any symptoms, you are probably not highly motivated to go get a test because you may not even know you have the virus, and you may not know you need one.

We are testing a lot more now than we were back then. Congress has provided another \$26 billion to scale up testing, and we have gone from conducting an average of 145,000 tests a day nationwide in early April to more than 780,000 per day in mid-July. So that has been a dramatic improvement. What we know is there is more we need to do.

The HEALS Act, which we introduced yesterday, will provide an additional \$16 billion to support testing efforts. When combined with the approximately \$9 billion that still exists from the previous bills, it will make another \$25 billion available to strengthen our testing nationwide. This will help to improve our testing strategy and capacity and reduce the backlog that has left some Texans waiting more than 2 weeks for test results. These tests are not very useful if it takes 2 weeks to get the results.

Because we ramped up the number of people who were tested, the lab companies that were analyzing the tests ended up getting backlogged. Now we have taken corrective measures in cities like Dallas to make other testing available and bring that number down, but this has been a constant challenge. It needs to be as quick and easy as possible for folks not only to get tests but to get the results, and this funding helps to make sure there will be serious strides in support of that goal.

I know there are testing protocols that are being analyzed right now that may make this easier and may even make the results quicker. I know, for example, in the Texas A&M University System, Chancellor Sharp said he has contracted for 15,000 tests a month for students who will return on campus. Now, in his view, he said those students will probably be safer on campus than they will be back home, especially if they end up going to bars or other social venues and do not properly social distance or wear masks.

Beyond testing, we need additional support for the healthcare providers

who have been on the frontlines. In my State, I know the Governor has asked a number of hospitals in the hardest hit areas to defer elective surgeries. As I have come to learn and as the Presiding Officer, no doubt, knows, that is how hospitals pay the bills. Many of the people who show up either get charity care or the payment through Medicaid or Medicare is less than that from private health insurance, so hospitals need a mix of elective surgeries and other treatments so they will have full insurance coverage in order to balance their books overall.

Congress has already provided \$175 billion for a healthcare provider relief fund, which has given hospitals, clinics, and physicians the resources they need to continue treating COVID-19 patients and stay afloat financially. So far, more than 20,000 hospitals and healthcare providers in my State alone have benefited from that funding, with over \$4.1 billion coming to Texas.

The HEALS Act will supplement that fund with an additional \$25 billion to help these providers navigate the surge in cases and maintain critical supplies like masks, gloves, and ventilators. If our hospitals don't have the personal protective equipment to protect the frontline staff, the resources to treat patients, or the funding to keep their doors open, we will be in bad, bad shape. This legislation will go a long way to making sure we don't ever reach that point.

In addition to supplementing the healthcare provider relief fund, this legislation will also support some of our most critical health resources. We know our community health centers are an important part of the safety net when it comes to accessing healthcare. This bill will provide \$7.6 billion to our community health centers, which usually serve people on a sliding scale based on their ability to pay. Some people have full insurance coverage; others are covered by Medicare or Medicaid; and some simply don't have the means to pay at all, but all are welcome and are treated at our community health centers.

We also send \$4.5 billion to mental health, suicide prevention, and substance use disorder services. We all know that the mitigation efforts we have all been engaged in by staying in our homes and not leaving for a period of time, as instructed by public health and other government officials, has exacted a very difficult toll on families, particularly on people who have had nowhere to go to escape somebody who has been abusing them in domestic violence scenarios or on people who are simply feeling a sense of isolation and a challenge to their mental health as they wonder how they are going to pay the bills and take care of their families. Maybe they have loved ones who are in nursing homes—the elderly are particularly vulnerable—whom they haven't been able to see because of the isolation efforts.

And then we know people will self-medicate with alcohol or drugs. So this