STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTION

By Mr. SCHUMER (for himself, Mrs. MURRAY, Mr. VAN HOLLEN, Ms. BALDWIN, Mr. SCHATZ, Mr. BLUMENTHAL, Mrs. FEINSTEIN, Mr. CASEY, Mr. MERKLEY, Mrs. GILLIBRAND, Mrs. SHAHEEN, Mr. REED, Mr. MURPHY, Mr. BROWN, Mr. PETERS, Mr. MARKEY, Ms. WARREN, Mr. MENENDEZ, Mr. DURBIN, Ms. SMITH, Ms. DUCKWORTH, Mr. KAINE, Ms. ROSEN, Ms. HIRONO, Mr. LEAHY, Mr. CARDIN, Mr. WHITEHOUSE, Ms. CORTEZ MASTO, Ms. KLOBUCHAR, Ms. STABENOW, Mr. HEINRICH, Mr. WYDEN, Ms. CANTWELL, and Mr. SANDERS):

S. 4638. A bill to preserve and promote integrity in scientific decision-making at the Department of Health and Human Services; to the Committee on Health, Education, Labor, and Pensions.

Mr. SCHUMER. 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. 4638

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 ''Science and Transparency Over Politics Act''.

SEC. 2. INVESTIGATION OF POLITICAL INTERFERENCE WITH DECISIONS OF SCIENTIFIC AGENCIES OF HHS.

(a) APPOINTMENT OF THE TASK FORCE.—

(1) IN GENERAL.—The Pandemic Response Accountability Committee established under section 15010 of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136), shall appoint, not later than 1 month after the date of enactment of this Act, the Task Force of the Pandemic Response Accountability Committee (referred to in this section as the ''Task Force''), which shall consist of 5 members of the Pandemic Response Accountability Committee.

(2) QUALIFICATIONS.—The members of the Task Force shall have expertise in conducting independent audits, evaluations, and investigations.

(b) INVESTIGATIONS AND REPORTS.—The Task Force shall—

(1) conduct an investigation of political interference with decisions made by scientific agencies of the Department of Health and Human Services during the time period described in subsection (f); and

(2) not later than January 31, 2021, and every 6 months thereafter, until the date that is 6 months after the end of the time period described in subsection (f), submit a report of the findings of such investigation to the Committees on Health, Education, Labor, and Pensions and Homeland Security and Governmental Affairs of the Senate and the Committees on Energy and Commerce and Oversight and Reform of the House of Representatives.

(c) CONSIDERATIONS.—In conducting the investigation under subsection (b), the Task Force shall consider—

(1) emails and other records of communications, including—

(A) communications between the White House, the Department of Health and Human Services, and scientific agencies of the Department of Health and Human Services; and

(B) communications between political appointees, career staff, and contractors within scientific agencies of the Department of Health and Human Services;

(2) initial, subsequent, and final drafts of scientific publications or communications, in order to assess changes made by scientific agencies of the Department of Health and Human Services as a result of political interference; and

(3) other information, as the Task Force determines appropriate.

(d) OBSTRUCTION OF INVESTIGATION.—The Task Force shall notify, in writing, the Committees on Health, Education, Labor, and Pensions and Homeland Security and Governmental Affairs of the Senate; the Committees on Energy and Commerce and Oversight and Reform of the House of Representatives; and the Pandemic Response Accountability Committee of any obstruction, prevention, or delay of information or communication requested pursuant to the investigation under subsection (b), not later than 30 days after the Task Force first requested the information or communication. The notification shall include—

(1) a description of the information or communication sought;

(2) the date on which such information or communication was first requested;

(3) the date of any subsequent effort to obtain the information or communication; and

(4) a summary of any response from the person from which the information or communication was requested, including any explanation by that person of why the requested information or communication is not being provided.

(e) DEFINITION.—For purposes of this section, the term ''political interference with decisions made by scientific agencies of the Health and Human Services'' includes any significant action by the executive branch of the Federal Government to—

(1) pressure the Food and Drug Administration to reach a certain outcome related to a drug, device, or biological product for the diagnosis, cure, mitigation, treatment, or prevention of COVID–19;

(2) pressure such agency to make a decision related to a drug, device, or biological product for the diagnosis, cure, mitigation, treatment, or prevention of COVID–19 within a certain timeframe;

(3) prevent such agency from taking an action related to a drug, device, or biological product for the diagnosis, cure, mitigation, treatment, or prevention of COVID–19, or from taking such action within a particular timeframe;

(4) make a decision for the Food and Drug Administration related to a drug, device, or biological product for the diagnosis, cure, mitigation, treatment, or prevention of COVID–19 that the Food and Drug Administration would make itself in the ordinary course;

(5) pressure the Centers for Disease Control and Prevention or any other scientific agency of the Department of Health and Human Services to release, withhold, or modify public health guidance, data, information, or publications related to COVID–19 in a manner that is inconsistent with the conclusion reached by the relevant senior career scientists;

(6) provide a grant, cooperative agreement, award, or other Federal support through a scientific agency of the Department of Health and Human Services for an entity or endeavor related to COVID–19 for reasons other than strengthening the Nation's COVID–19 response, including with respect to reducing morbidity and mortality related to COVID–19; or

(7) otherwise influence decisions by scientific agencies of the Department of Health and Human Services in a manner that is inconsistent with strengthening the Nation's COVID–19 response, including with respect to reducing morbidity and mortality related to COVID–19.

(f) TIME PERIOD.—The time period described in this subsection is the period beginning on the effective date of 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) on January 31, 2020, with respect to COVID–19, and ending on the last day of such public health emergency.

(g) CLARIFICATION.—Nothing in this section shall prevent the Task Force from releasing any information before January 31, 2021, or before a full report is complete, if the Task Force determines that the release of such information is in the public interest.

(h) FUNDING.—To carry out this section, there are authorized to be appropriated $25,000,000 for the period of fiscal years 2021 and 2022.

By Mr. COTTON:

S. 4648. A bill to amend the Controlled Substances Act to list isotonitazene as a schedule I controlled substance; to the Committee on the Judiciary.

Mr. COTTON. Mr. President, we are facing momentous issues in the Senate and in Washington and in our Nation.

Today, we are debating a spending bill to keep the government funded past the end of this month. There are ongoing negotiations to help provide additional relief to those most affected by the coronavirus.

With the sad news of the passing of Justice Ruth Bader Ginsburg, there is now a Supreme Court vacancy as well.

As momentous as these issues are, we ought not miss what is happening on the streets of America, though, as too many in Washington missed for years as Americans were dying by the thousands as a result of the opioid epidemic that hit this country, from prescription pills to heroin, to synthetic opioids like fentanyl.

Now, in recent years, Washington has gotten the news, and we have taken action to try to stem the tide of drug overdoses around our country.

But the fight continues, so I want to call the Senate and the Nation's attention to a new threat: isotonitazene. It is harder to pronounce than fentanyl, but it is equally deadly. It will kill you in a heartbeat, and it also comes from China. Reports of iso—as this hard-to-pronounce drug is often called on the street—are still scattered.

A shipment was seized in Canada early last year. Now it has been popping up in Europe, in countries as far flung as Belgium, Estonia, Germany, Latvia, Sweden, and the United Kingdom, and, at about the same time, iso has found its way to America as well. It has turned up in both pill and powder form, seemingly shipped in concentrated, small quantities that escape detection too often. Once it is here, it is usually cut with other drugs, like heroin and cocaine, to make them more powerful and much more deadly.

An unsuspecting drug user can inject a tainted dose or take a counterfeit

prescription pill and be dead within minutes. Iso is just like fentanyl in that regard.

According to the Drug Enforcement Agency, iso is confirmed to have killed at least 18 Americans in 4 different States and has been encountered in at least 48 confirmed incidents across 9 States.

However, it has likely killed many more. We don't know for sure because tests for iso still are not widely available, given its novelty, and overdose deaths due to a cocktail of iso mixed with heroin, cocaine, or other drugs may be inadvertently attributed only to the known substance.

What we do know is that iso is just the latest weapon that the Chinese drug dealers are using in their opium war against America. First, they developed designer fentanyl analogs, which have killed—and continue to kill—Americans by the thousands.

However, we have taken strong action against fentanyl. Last year, we passed my legislation, the Fentanyl Sanctions Act, to punish Chinese drug dealers, and the President—equally important—pressured China's leader to crack down on underground drug labs in their own country, which sent nine fentanyl smugglers to prison.

These efforts have made a difference, but the fight is not over. China's drug dealers have developed a new poison to send to America.

Iso has no recognized medical or industrial use. It is nothing more and nothing less than a way to profit off of addiction and death. These Chinese drug dealers want iso to be the new fentanyl, so we have to take strong action to make sure they fail before more Americans are killed.

The DEA has already taken swift action by classifying iso as a schedule I controlled substance, its most restrictive classification. But this is only a temporary measure that will last 2 years, at most.

Congress should, therefore, act to ensure iso stays on that list for good. That is why I am introducing legislation to permanently classify iso as a schedule I controlled substance. This will ensure iso receives the strictest regulations under our drug laws, and it will help our brave drug enforcement agents keep this deadly drug off of our streets.

Furthermore, I call upon the leaders of the Chinese Communist Party to crack down on the production of iso in the Chinese mainland. If the leaders of the party wish to reduce tensions, if they wish to improve relations, they ought not to allow their own criminals to manufacture drugs with no legitimate purpose specifically designed for smuggling into America to poison our citizens.

I urge my colleagues and the administration to join in this effort to stop iso before it spreads even further. This drug has already killed too many of our fellow citizens. We need to stop it before it kills even more.

By Mr. SCHUMER:

S. 4653. A bill to protect the healthcare of hundreds of millions of people of the United States and prevent efforts of the Department of Justice to advocate courts to strike down the Patient Protection and Affordable Care Act; read the first time.

Mr. SCHUMER. 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. 4653

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

SECTION 1. PROHIBITING DOJ EFFORTS TO ADVOCATE COURTS TO STRIKE DOWN PATIENT PROTECTION AND AFFORDABLE CARE ACT.

The Department of Justice may not in any case, including in California v. Texas, No. 19–840 (U.S. cert. granted Mar. 2, 2020), advocate that a court invalidate any provision of the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 119) or any amendment made by that Act.

By Ms. HIRONO:

S. 4656. A bill to amend title 38, United States Code, to provide for a reduction in certain loan fees for certain veterans affected by major disasters; to the Committee on Veterans' Affairs.

Ms. HIRONO. M. President, in 2018, Hawaii's Kilauea Volcano erupted, destroying upwards of 700 homes, including a home purchased by a veteran using the VA Home Loan Guaranty Program. When this veteran went to replace the home he had lost by once again using the Home Loan Guaranty Program, he found that he would be forced to pay significantly higher fees for using the program a second time.

Our Nation's veterans should not be penalized for losing their homes to natural disasters and it is for this reason that I come to the floor today to introduce the Veteran Home Loan Disaster Recovery Act of 2020.

Congress has established a variety of programs in pursuit of both thanking our Nation's veterans and ensuring that they are able to live comfortable lives after their service has ended. One of these programs is the VA Home Loan Guaranty program, which provides eligible veterans the opportunity to access mortgages backed by the Department of Veterans Affairs. Under the program the VA guarantees a portion of a home loan from a private lender allowing the veteran borrower to receive favorable mortgage terms.

Participants in this program are required to pay a funding fee in place of closing cost and that fee increases based on various factors, including whether this is a veteran's first time using the program or if they have previously had a VA Home Loan. For those who have used the loan before, the fee is higher, regardless of the circumstances that led to their needing to purchase a home through the program, including if their previous home was destroyed by a natural disaster.

The Veteran Home Loan Disaster Recovery Act of 2020 would exempt program participants from the subsequent loan funding fee increase if they lost their first home to a natural disaster, allowing them to access a lower rate as if they were a first-time participant in the program.

According to the Federal Emergency Management Agency (FEMA), in 2019, there were 101 Presidentially-declared disasters across the Nation. So far in 2020, there have been 92 major disaster declarations alone. Right now, wildfires rage in different parts of the Nation, and we are in the midst of hurricane season in both the Atlantic and Pacific Oceans.

As we continue to experience raging wildfires, volcanic eruptions, and massive hurricanes, it is critical that we ensure that we work to limit the ripple effects from these disasters. Giving veterans the ability to replace homes lost through no fault of their own is one step in that direction.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 711—CALLING ON THE PRESIDENT OF THE UNITED STATES TO TAKE EXECUTIVE ACTION TO BROADLY CANCEL FEDERAL STUDENT LOAN DEBT

Mr. SCHUMER (for himself, Ms. WARREN, Mr. BROWN, Mr. DURBIN, Mr. SANDERS, Ms. DUCKWORTH, Mr. BLUMENTHAL, Mr. VAN HOLLEN, Mr. MERKLEY, Mr. MARKEY, Mr. BOOKER, Mr. MENENDEZ, and Mr. WYDEN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 711

Whereas the United States is facing historic public health and economic crises caused by the coronavirus (COVID–19) pandemic that threatens the financial well-being of nearly every American family;

Whereas even before the COVID–19 pandemic, the United States also faced a historic student loan crisis, which is currently holding back our struggling economy and restricting opportunity and prosperity for millions of American families;

Whereas nearly 43,000,000 Americans currently hold more than $1,500,000,000,000 in Federal student loan debt;

Whereas more than 9,000,000 Federal student loan borrowers are currently in default on those Federal student loans;

Whereas the COVID–19 economic recession and historic unemployment have compounded stagnant wages, labor market discrimination, and rising costs of living, making it nearly impossible for many Americans to ever fully repay their student loans;

Whereas this historic student debt crisis has left millions of Americans less prepared to weather the recession triggered by the COVID–19 pandemic as communities of color, which never fully recovered from the devastating effects of the previous economic recession, have been hit hardest by the devastating health and economic consequences of the COVID–19 pandemic;

Whereas student debt disproportionately impacts borrowers of color, who face the