payments, vouchers, and other forms of benefits designed to meet a family's ongoing basic needs as defined by the Secretary.

''(B) ELIGIBLE FAMILIES.—

''(i) IN GENERAL.—The term 'eligible family' means a family (including a family of one) that—

''(I) has 1 or more children who have not attained 18 years of age; and

''(II) is in need as a result of the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) as determined by the State in accordance with clause (ii).

''(ii) CRITERIA FOR NEED BASED ON COVID-19 PUBLIC HEALTH EMERGENCY.—A State shall define and publish on a publicly available website maintained by the State the criteria for determining a family is in need as a result of the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) and shall report such criteria to the Secretary. The Secretary shall publish all the State criteria reported under this clause on a publicly available website maintained by the Secretary.

''(C) NON-RECURRENT SHORT-TERM BENEFITS.—The term 'non-recurrent short-term benefits' means benefits intended to address a specific crisis or need as defined by the Secretary.

''(D) POVERTY LINE.—The term 'poverty line' means the income official poverty line, as defined by the Office of Management and Budget, and revised annually in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

''(E) STATE.—The term 'State' has the meaning given that term in section 419(5) and includes Indian tribes, as defined in section 419(4).

''(F) WORK SUPPORTS.—The term 'work supports' means benefits provided to help families obtain, retain, or advance in employment as defined by the Secretary.''.

(2) REPEAL.—Effective October 1, 2021, subsection (c) of section 403 of the Social Security Act (42 U.S.C. 603) (as added by paragraph (1)) is repealed.

(b) DISREGARD FROM LIMITATION ON TOTAL PAYMENTS TO TERRITORIES.—

(1) IN GENERAL.—Section 1108(a)(2) of the Social Security Act (42 U.S.C. 1308(a)(2)) is amended by inserting ''403(c)(3),'' after ''403(a)(5),''.

(2) SUNSET.—Effective October 1, 2021, section 1108(a)(2) of the Social Security Act (42 U.S.C. 1308(a)(2)) is amended by striking ''403(c)(3),'' (as added by paragraph (1)).

SA 2510. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2499 proposed by Mr. MCCONNELL to the bill S. 178, to condemn gross human rights violations of ethnic Turkic Muslims in Xinjiang, and calling for an end to arbitrary detention, torture, and harassment of these communities inside and outside China; which was ordered to lie on the table; as follows:

At the end, add the following:

SEC. ___. SUPPLEMENTAL EMERGENCY UNEMPLOYMENT RELIEF FOR GOVERNMENTAL ENTITIES AND NONPROFIT ORGANIZATIONS.

(a) IN GENERAL.—Section 903(i)(1)(B) of the Social Security Act (42 U.S.C. 1103(i)(1)(B)) is amended by striking ''one-half'' and inserting ''75 percent''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in the enactment of the Relief for Workers Affected by Coronavirus Act (contained in subtitle A of title II of division A of the CARES Act (Public Law 116–136)).

SA 2511. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2499 proposed by Mr. MCCONNELL to the bill S. 178, to condemn gross human rights violations of ethnic Turkic Muslims in Xinjiang, and calling for an end to arbitrary detention, torture, and harassment of these communities inside and outside China; which was ordered to lie on the table; as follows:

At the end, add the following:

TITLE II—SUPPORTING PATIENTS, PROVIDERS, OLDER AMERICANS, AND FOSTER YOUTH IN RESPONDING TO COVID–19

Subtitle A—Promoting Access to Care and Services

SEC. 201. MAINTAINING 2021 MEDICARE PART B PREMIUM AND DEDUCTIBLE AT 2020 LEVELS CONSISTENT WITH ACTUARIALLY FAIR RATES.

(a) 2021 PREMIUM AND DEDUCTIBLE AND REPAYMENT THROUGH FUTURE PREMIUMS.—Section 1839(a) of the Social Security Act (42 U.S.C. 1395r(a)) is amended—

(1) in the second sentence of paragraph (1), by striking ''(5) and (6)'' and inserting ''(5), (6), and (7)'';

(2) in paragraph (6)(C)—

(A) in clause (i), by striking ''section 1844(d)(1)'' and inserting ''subsections (d)(1) and (e)(1) of section 1844''; and

(B) in clause (ii), by striking ''paragraph (5)'' and inserting ''paragraphs (5) and (7)''; and

(3) by adding at the end the following:

''(7) In applying this part (including subsection (i) and section 1833(b)), the monthly actuarial rate for enrollees age 65 and over for 2021 shall be the same as the monthly actuarial rate for enrollees age 65 and over for 2020.''.

(b) TRANSITIONAL GOVERNMENT CONTRIBUTION.—Section 1844 of the Social Security Act (42 U.S.C. 1395w) is amended—

(1) in subsection (a), by adding at the end the following new sentence: ''In applying paragraph (1), the amounts transferred under subsection (e)(1) with respect to enrollees described in subparagraphs (A) and (B) of such subsection shall be treated as premiums payable and deposited in the Trust Fund under subparagraphs (A) and (B), respectively, of paragraph (1).''; and

(2) by adding at the end the following:

''(e)(1) For 2021, there shall be transferred from the General Fund to the Trust Fund an amount, as estimated by the Chief Actuary of the Centers for Medicare & Medicaid Services, equal to the reduction in aggregate premiums payable under this part for a month in such year (excluding any changes in amounts collected under section 1839(i)) that are attributable to the application of section 1839(a)(7) with respect to—

''(A) enrollees age 65 and over; and

''(B) enrollees under age 65.

Such amounts shall be transferred from time to time as appropriate.

''(2) Premium increases affected under section 1839(a)(6) shall not be taken into account in applying subsection (a).

''(3) There shall be transferred from the Trust Fund to the General Fund of the Treasury amounts equivalent to the additional premiums payable as a result of the application of section 1839(a)(6), excluding the aggregate payments attributable to the application of section 1839(i)(3)(A)(ii)(II).''.

(c) ADDITIONAL TRANSITIONAL GOVERNMENT CONTRIBUTION.—Section 1844 of the Social Security Act (42 U.S.C. 1395w), as amended by subsection (b)(2), is amended by adding at the end the following:

''(f)(1) There shall be transferred from the General Fund of the Treasury to the Trust Fund an amount, as estimated by the Chief Actuary of the Centers for Medicare & Medicaid Services, equal to amounts paid under the advance payment program under section 421.214 of title 42, Code of Federal Regulations (or any successor regulation) during the period beginning on March 28, 2020, and ending on July 9, 2020.

''(2) There shall be transferred from the Trust Fund to the General Fund of the Treasury amounts equivalent to the sum of—

''(A) the amounts by which claims have offset (in whole or in part) the amount of such advance payments described in paragraph (1); and

''(B) the amount of such advance payments that has been repaid (in whole or in part), under the advance payment program under such section 421.214 (or any such successor regulation).

''(3) Amounts described in paragraphs (1) and (2) shall be transferred from time to time as appropriate.''.

(d) INDENTATION CORRECTION.—Section 1839(i)(3)(A)(ii) of the Social Security Act (42 U.S.C. 1395r(i)(3)(A)(ii)) is amended by moving the indentation of subclause (I) two ems to the right.

SEC. 202. IMPROVEMENTS TO THE MEDICARE HOSPITAL ACCELERATED AND ADVANCE PAYMENTS PROGRAMS DURING THE COVID–19 PUBLIC HEALTH EMERGENCY.

(a) PART A.—

(1) REPAYMENT PERIODS.—Section 1815(f)(2)(C) of the Social Security Act (42 U.S.C. 1395g(f)(2)(C)) is amended—

(A) in clause (i), by striking ''120 days'' and inserting ''270 days''; and

(B) in clause (ii), by striking ''12 months'' and inserting ''18 months''.

(2) AUTHORITY FOR DISCRETION.—Section 1815(f)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395g(f)(2)(A)(ii)) is amended by inserting ''(or, with respect to requests submitted to the Secretary on or after July 9, 2020, may)''after ''shall.''.

(b) PART B.—In carrying out the advance payments program described in section 421.214 of title 42, Code of Federal Regulations (or a successor regulation), the Secretary of Health and Human Services, in the case of a payment made under such program during the emergency period described in section 1135(g)(1)(B) of the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B)), upon request of the supplier receiving such payment, shall—

(1) provide up to 270 days before claims are offset to recoup the payment; and

(2) allow not less than 14 months from the date of the first advance payment before requiring that the outstanding balance be paid in full.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the enactment of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136).

(d) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the provisions of, and the amendments made by, this section by program instruction or otherwise.

SEC. 203. AUTHORITY TO EXTEND MEDICARE TELEHEALTH WAIVERS.

(a) AUTHORITY.—Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended by adding at the end the following new paragraph:

''(9) AUTHORITY TO EXTEND TELEHEALTH WAIVERS AND POLICIES.—

''(A) AUTHORITY.—Notwithstanding the preceding provisions of this subsection and section 1135, subject to subparagraph (B), if the emergency period under section 1135(g)(1)(B) expires prior to December 31,

2021, the authority provided the Secretary under section 1135(b)(8) to waive or modify requirements with respect to a telehealth service, and modifications of policies with respect to telehealth services made by interim final rule applicable to such period, shall be extended through December 31, 2021.

''(B) NO REQUIREMENT TO EXTEND.— Nothing in subparagraph (A) shall require the Secretary to extend any specific waiver or modification or modifications of policies that the Secretary does not find appropriate for extension.

''(C) IMPLEMENTATION.—Notwithstanding any provision of law, the provisions of this paragraph may be implemented by interim final rule, program instructions or otherwise.''.

(b) MEDPAC EVALUATION AND REPORT.—

(1) STUDY.—

(A) IN GENERAL.—The Medicare Payment Advisory Commission (in this subsection referred to as the ''Commission'') shall conduct an evaluation of—

(i) the expansions of telehealth services under part B of title XVII of the Social Security Act related to the COVID-19 public health emergency described in section 1135(g)(1)(B) of such Act (42 U.S.C. 1320b–5(g)(1)(B)); and

(ii) the appropriate treatment of such expansions after the expiration of such public health emergency.

(B) ANALYSIS.—The evaluation under subparagraph (A) shall include an analysis of each the following:

(i) Which, if any, of such expansions should be continued after the expiration of the such public health emergency,

(ii) Whether any such continued expansions should be limited to, or differentially applied to, clinicians participating in certain value-based payment models.

(iii) How Medicare should pay for telehealth services after the expiration of such public health emergency, and the implications of payment approaches on aggregate Medicare program spending,

(iv) Medicare program integrity and beneficiary safeguards that may be warranted with the coverage of telehealth services.

(v) The implications of expanded Medicare coverage of telehealth services for beneficiary access to care and the quality of care provided via telehealth.

(vi) Other areas determined appropriate by the Commission.

(2) REPORT.—Not later than June 15, 2021, the Commission shall submit to Congress a report containing the results of the evaluation conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Commission determines appropriate.

(c) HHS PROVISION OF INFORMATION AND STUDY AND REPORT.—

(1) PRE–COVID–19 PUBLIC HEALTH EMERGENCY TELEHEALTH AUTHORITY.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services (in this subsection referred to as the ''Secretary'') shall make available on the internet website of the Centers for Medicare & Medicaid Services information describing the requirements applicable to telehealth services and other virtual services under the original Medicare fee-for-service program under parts A and B of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the Medicare Advantage program under part C of such title prior to the waiver or modification of such requirements during the emergency period described in section 1135(g)(1)(B) of the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B)), as established by statute, regulation, and sub-regulatory guidance under such title.

(2) STUDY AND REPORT.—

(A) STUDY.—The Secretary shall conduct a study on the impact of telehealth and other virtual services furnished under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) during the emergency period described in section 1135(g)(1)(B) of such Act (42 U.S.C. 1320b–5(g)(1)(B)). In conducting such study, the Secretary shall—

(i) assess the impact of such services on access to care, health outcomes, and spending by type of physician, practitioner, or other entity, and by patient demographics and other characteristics that include—

(I) age, gender, race, and type of eligibility for the Medicare program;

(II) dual eligibility for both the Medicare program and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.);

(III) residing in an area of low-population density or a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A))) ;

(IV) diagnoses, such as a diagnosis of COVID–19, a chronic condition, or a mental health disorder or substance use disorder;

(V) telecommunication modality used, including extent to which the services are furnished using audio-only technology;

(VI) residing in a State other than the State in which the furnishing physician, practitioner, or other entity is located; and

(VII) other characteristics and information determined appropriate by the Secretary; and

(ii) to the extent feasible, assess such impact based on—

(I) the type of technology used to furnish the service;

(II) the extent to which patient privacy is protected;

(III) the extent to which documented or suspected fraud or abuse occurred; and

(IV) patient satisfaction.

(B) USE OF INFORMATION.—The Secretary may use reliable non-governmental sources of information in assessing the impact of characteristics described in subparagraph (A) under the study.

(C) REPORT.—

(i) INTERIM PROVISION OF INFORMATION.—The Secretary shall, as determined appropriate, periodically during such emergency period, post on the internet website of the Centers for Medicare & Medicaid services data on utilization of telehealth and other virtual services under the Medicare program and the impact of characteristics described in subparagraph (A) on such utilization.

(ii) REPORT.—Not later than 15 months after date of enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under subparagraph (A), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

SEC. 204. EXTENDING MEDICARE TELEHEALTH FLEXIBILITIES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.

(a) IN GENERAL.—Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

(1) in paragraph (4)(C)—

(A) in clause (i), in the matter preceding subclause (I), by striking ''and (7)'' and inserting ''(7), and (8)''; and

(B) in clause (ii)(X), by inserting ''or paragraph (8)(A)(i)'' before the period; and

(2) in paragraph (8)—

(A) in the paragraph heading by inserting ''AND FOR AN ADDITIONAL PERIOD AFTER'' after ''DURING '';

(B) in subparagraph (A)—

(i) in the matter preceding clause (i), by inserting ''and the 5-year period beginning on the first day after the end of such emergency period'' after ''1135(g)(1)(B)'';

(ii) in clause (ii), by striking ''and'' at the end;

(iii) by redesignating clause (iii) as clause (iv); and

(iv) by inserting after clause (ii) the following new clause:

''(iii) the geographic requirements described in paragraph (4)(C)(i) shall not apply with respect to such a telehealth service; and'';

(C) in subparagraph (B)(i)—

(i) in the first sentence, by inserting ''and the 5-year period beginning on the first day after the end of such emergency period'' before the period; and

(ii) in the third sentence, by striking ''program instruction or otherwise'' and inserting ''interim final rule, program instruction, or otherwise''; and

(D) by adding at the end the following new subparagraph:

''(C) REQUIREMENT DURING ADDITIONAL PERIOD.—

''(i) IN GENERAL.—During the 5-year period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B), payment may only be made under this paragraph for a telehealth service described in subparagraph (A)(i) that is furnished to an eligible telehealth individual if such service is furnished by a qualified provider (as defined in clause (ii)).

''(ii) DEFINITION OF QUALIFIED PROVIDER.—For purposes of this subparagraph, the term 'qualified provider' means, with respect to a telehealth service described in subparagraph (A)(i) that is furnished to an eligible telehealth individual, a Federally qualified health center or rural health clinic that furnished to such individual, during the 3-year period ending on the date the telehealth service was furnished, an item or service in person for which—

''(I) payment was made under this title; or

''(II) such payment would have been made if such individual were entitled to, or enrolled for, benefits under this title at the time such item or service was furnished.''.

(b) EFFECTIVE DATE.—The amendments made by this section (other than the amendment made by subsection (a)(2)(D)) shall take effect as if included in the enactment of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136).

SEC. 205. TEMPORARY CARRYOVER FOR HEALTH AND DEPENDENT CARE FLEXIBLE SPENDING ARRANGEMENTS.

(a) INCREASE IN CARRYOVER FOR HEALTH FLEXIBLE SPENDING ARRANGEMENTS.—A plan or other arrangement that otherwise satisfies all of the applicable requirements of sections 106 and 125 of the Internal Revenue Code of 1986 (including any rules or regulations thereunder) shall not fail to be treated as a cafeteria plan or health flexible spending arrangement merely because such plan or arrangement permits participants to carry over an amount not in excess of $2,750 of unused benefits or contributions remaining in a health flexible spending arrangement from the plan year ending in 2020 to the plan year ending in 2021.

(b) CARRYOVER FOR DEPENDENT CARE FLEXIBLE SPENDING ARRANGEMENTS.—A plan or other arrangement that otherwise satisfies all applicable requirements of sections 106, 125, and 129 of the Internal Revenue Code of 1986 (including any rules or regulations thereunder) shall not fail to be treated as a cafeteria plan or dependent care flexible spending arrangement merely because such plan or arrangement permits participants to carry over (under rules similar to the rules applicable to health flexible spending arrangements) an amount, not in excess of the amount in effect under section 129(a)(2)(A) of

such Code, of unused benefits or contributions remaining in a dependent care flexible spending arrangement from the plan year ending in 2020 to the plan year ending in 2021.

(c) RETROACTIVE APPLICATION.—An employer shall be permitted to amend its cafeteria plan to effectuate the carry over allowed under subsection (a) or (b), provided that such amendment—

(1) is adopted not later than the last day of the plan year ending in 2020; and

(2) provides that the carry over allowed under subsection (a) or (b) shall be in effect as of the first day of the plan year ending in 2020.

(d) DEFINITIONS.—Any term used in this section which is also used in section 106, 125, or 129 of the Internal Revenue Code of 1986 or the rules or regulations thereunder shall have the same meaning as when used in such section or rules or regulations.

SEC. 206. ON-SITE EMPLOYEE CLINICS.

(a) IN GENERAL.—Paragraph (1) of section 223(c) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

''(D) SPECIAL RULE FOR QUALIFIED ITEMS AND SERVICES.—

''(i) IN GENERAL.—For purposes of subparagraph (A)(ii), an individual shall not be treated as covered under a health plan described in subclauses (I) and (II) of such subparagraph merely because the individual is eligible to receive, or receives, qualified items and services—

''(I) at a healthcare facility located at a facility owned or leased by the employer of the individual (or of the individual's spouse), or

''(II) at a healthcare facility operated primarily for the benefit of employees of the employer of the individual (or of the individual's spouse).

''(ii) QUALIFIED ITEMS AND SERVICES DEFINED.—For purposes of this subparagraph, the term 'qualified items and services' means the following:

''(I) Physical examination.

''(II) Immunizations, including injections of antigens provided by employees.

''(III) Drugs or biologicals other than a prescribed drug (as such term is defined in section 213(d)(3)).

''(IV) Treatment for injuries occurring in the course of employment.

''(V) Preventive care for chronic conditions (as defined in clause (iv)).

''(VI) Management of chronic conditions or diseases.

''(VII) Drug testing.

''(VIII) Hearing or vision screenings and related services.

''(IX) Testing, vaccines, or treatments for the virus SARS–CoV–2 or coronavirus disease 2019 (COVID–19).

''(iii) AGGREGATION.—For purposes of clause (i), all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as a single employer.

''(iv) PREVENTIVE CARE FOR CHRONIC CONDITIONS.—For purposes of this subparagraph, the term 'preventive care for chronic conditions' means any item or service specified in the Appendix of Internal Revenue Service Notice 2019-45 which is prescribed to treat an individual diagnosed with the associated chronic condition specified in such Appendix for the purpose of preventing the exacerbation of such chronic condition or the development of a secondary condition, including any amendment, addition, removal, or other modification made by the Secretary (pursuant to the authority granted to the Secretary under paragraph (2)(C)) to the items or services specified in such Appendix subsequent to the date of enactment of this subparagraph.

''(v) TERMINATION.—This subparagraph shall not apply to any taxable year beginning after December 31, 2021.''.

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

SEC. 207. SUPPORT FOR OLDER FOSTER YOUTH.

(a) FUNDING INCREASES.—The dollar amount specified in section 477(h)(1) of the Social Security Act (42 U.S.C. 677(h)(1)) for fiscal year 2020 is deemed to be $193,000,000.

(b) PROGRAMMATIC FLEXIBILITY.—During the COVID–19 public health emergency:

(1) SUSPENSION OF CERTAIN REQUIREMENTS UNDER THE EDUCATION AND TRAINING VOUCHER PROGRAM.—The Secretary may allow a State to waive the applicability of the requirement in section 477(i)(3) of the Social Security Act (42 U.S.C. 677(i)(3)) that a youth must be enrolled in a postsecondary education or training program or making satisfactory progress toward completion of that program if a youth is unable to meet these requirements due to the public health emergency.

(2) AUTHORITY TO WAIVE LIMITATIONS ON PERCENTAGE OF FUNDS USED FOR HOUSING ASSISTANCE AND ELIGIBILITY FOR SUCH ASSISTANCE.—Notwithstanding subsections (b)(3)(B) and (b)(3)(C) of section 477 of the Social Security Act (42 U.S.C. 677), a State may—

(A) use more than 30 percent of the amounts paid to the State from its allotment under subsection (c) of such section for a fiscal year for room or board payments; and

(B) expend amounts paid to the State from its allotment under subsection (c) of such section for a fiscal year for room or board for youth who have attained age 18, are no longer in foster care or otherwise eligible for services under such section, and experienced foster care at 14 years of age or older.

(c) SPECIAL RULES.—

(1) NONAPPLICATION OF MATCHING FUNDS REQUIREMENT FOR INCREASED FUNDING.—With respect to the amount allotted to a State under section 477(c)(1) of the Social Security Act (42 U.S.C. 677(c)(1)) for fiscal year 2020, the Secretary shall apply section 474(a)(4)(A)(i) of such Act (42 U.S.C. 674(a)(4)(A)(i)) to the additional amount of such allotment resulting from the deemed increase in the dollar amount specified in section 477(h)(1) of such Act (42 U.S.C. 677(h)(1)) for fiscal year 2020 under subsection (a) by substituting ''100 percent'' for ''80 percent''.

(2) NO RESERVATION FOR EVALUATION, TECHNICAL ASSISTANCE, PERFORMANCE MEASUREMENT, AND DATA COLLECTION ACTIVITIES.—Section 477(g)(2) of such Act (42 U.S.C. 677(g)(2)) shall not apply to the portion of the deemed dollar amount for section 477(h)(1) of such Act (42 U.S.C. 677(h)(1)) for fiscal year 2020 under subsection (a) that exceeds the dollar amount specified in that section for such fiscal year.

(d) DEFINITIONS.—In this section:

(1) COVID–19 PUBLIC HEALTH EMERGENCY.—The term ''COVID–19 public health emergency'' means the public health emergency declared by the Secretary pursuant to section 319 of the Public Health Service Act on January 31, 2020, entitled ''Determination that a Public Health Emergency Exists Nationwide as the Result of the 2019 Novel Coronavirus'' and includes any renewal of such declaration pursuant to such section 319.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

SEC. 208. COURT IMPROVEMENT PROGRAM.

(a) TEMPORARY FUNDING INCREASES.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Secretary, $10,000,000 for fiscal year 2020 for making grants in accordance with this section to the highest State courts described in section 438 of the Social Security Act (42 U.S.C. 629h). Grants made under this section shall be considered to be Court Improvement Program grants made under such section 438, subject to the succeeding provisions of this section.

(b) DISTRIBUTION OF FUNDS.—

(1) IN GENERAL.—From the amount appropriated under subsection (a), the Secretary shall—

(A) reserve up to $500,000 for Tribal court improvement activities; and

(B) pay from the amount remaining after the application of subparagraph (A), a grant to each highest State court that is approved to receive a grant under section 438 of the Social Security Act for the purpose described in subsection (a)(3) of that section for fiscal year 2020 .

(2) AMOUNT.—The amount of the grant awarded to a highest State court under this section is equal to the sum of—

(A) $85,000; and

(B) the amount that bears the same ratio to the amount appropriated under subsection (a) that remains after the application of paragraph (1)(A) and subparagraph (A) of this paragraph, as the number of individuals in the State who have not attained 21 years of age bears to the total number of such individuals in all States (based on the most recent year for which data are available from the Bureau of the Census).

(3) OTHER RULES.—

(A) IN GENERAL.—The grants awarded to the highest State courts under this section shall be in addition to any grants made to such courts under section 438 of such Act for any fiscal year.

(B) NO MATCHING REQUIREMENT.—The limitation on the use of funds specified in section 438(d) of such Act (42 U.S.C. 629h(d)) shall not apply to the grants awarded under this section.

(C) NO ADDITIONAL APPLICATION.—The Secretary shall award grants to the highest State courts under this section without requiring such courts to submit an additional application.

(D) REPORTS.—The Secretary may establish reporting criteria specific to the grants awarded under this section.

(E) REDISTRIBUTION OF FUNDS.—If a highest State court does not accept a grant awarded under this section, or does not agree to comply with any reporting requirements imposed under subparagraph (D) or the use of funds requirements specified in subsection (c), the Secretary shall redistribute the grant funds that would have been awarded to that court among the other highest State courts that are awarded grants under this section and agree to comply with such reporting and use of funds requirements.

(c) USE OF FUNDS.—A highest State court awarded a grant under this section shall use the grant funds to address needs stemming from the COVID–19 public health emergency, which may include any of the following:

(1) Technology investments to facilitate the transition to remote hearings for dependency courts when necessary as a direct result of the COVID–19 public health emergency.

(2) Training for judges, attorneys, and caseworkers on facilitating and participating in remote technology hearings that still comply with due process, meet Congressionally mandated requirements, ensure child safety and well-being, and help inform judicial decision-making.

(3) Programs to help families address aspects of the case plan to avoid delays in legal proceedings that would occur as a direct result of the COVID–19 public health emergency.

(4) Other purposes to assist courts, court personnel, or related staff related to the COVID–19 public health emergency.

(d) DEFINITIONS.—In this section:

(1) COVID–19 PUBLIC HEALTH EMERGENCY.—The term ''COVID–19 public health emergency'' means the public health emergency declared by the Secretary pursuant to section 319 of the Public Health Service Act on January 31, 2020, entitled ''Determination that a Public Health Emergency Exists Nationwide as the Result of the 2019 Novel Coronavirus'' and includes any renewal of such declaration pursuant to such section 319.

(2) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

Subtitle B—Emergency Support and COVID–19 Protection for Nursing Homes

SEC. 211. DEFINITIONS.

In this subtitle:

(1) COVID–19.—The term ''COVID–19'' means the 2019 Novel Coronavirus or 2019-nCoV.

(2) COVID–19 PUBLIC HEALTH EMERGENCY PERIOD.—The term ''COVID–19 public health emergency period'' means the period beginning on the first day of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b-5(g)) and ending on the last day of the calendar quarter in which the last day of such emergency period occurs.

(3) NURSING FACILITY.—The term ''nursing facility'' has the meaning given that term in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)).

(4) PARTICIPATING PROVIDER.—The term ''participating provider'' means a skilled nursing facility or a nursing facility that has been assigned a national provider identifier number by the Secretary and has executed an agreement to participate in the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or the Medicaid program established under title XIX of such Act (42 U.S.C. 1396 et seq.).

(5) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(6) SKILLED NURSING FACILITY.—The term ''skilled nursing facility'' has the meaning given that term in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a)).

(7) STATE.—Except as otherwise provided, the term ''State'' has the meaning given such term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

SEC. 212. ESTABLISHING COVID–19 STRIKE TEAMS FOR NURSING FACILITIES.

(a) IN GENERAL.—The Secretary is authorized to establish and support the operation of strike teams comprised of individuals with relevant skills, qualifications, and experience to respond to COVID–19-related crises in participating providers during the COVID–19 public health emergency period, based on data reported by such providers to the Centers for Disease Control and Prevention.

(b) MISSION AND COMPOSITION OF STRIKE TEAMS.—

(1) IN GENERAL.—Strike teams established by the Secretary may include assessment, testing, and clinical teams, and a mission for each such team may include performing medical examinations, conducting COVID–19 testing, and assisting participating providers with the implementation of infection control practices (such as quarantine, isolation, or disinfection procedures).

(2) LETTER OF AUTHORIZATION.—Strike teams and members of such teams shall be subject to the Secretary's oversight and direction and the Secretary may issue a letter of authorization to team members describing—

(A) the individual's designation to serve on 1 or more teams under an emergency proclamation by the Secretary;

(B) the mission of the team;

(C) the authority of the individual to perform the team mission;

(D) the individual's authority to access places, persons, and materials necessary for the team member's performance of the team's mission;

(E) the requirement that team members maintain the confidentiality of patient information shared with such individuals by a participating provider; and

(F) the required security background checks that the individual has passed.

(3) SECRETARIAL OVERSIGHT.—The Secretary may, at any time, disband any strike team and rescind the letter of authorization for any team member.

(4) TEAM AND MEMBER AUTHORITY.—A team and team member may not use the letter of authorization described in paragraph (2) for any purpose except in connection with the team's mission of acting in good faith to promote resident and employee safety in participating providers in which COVID–19 is confirmed to be present.

(5) ADMINISTRATION.—The Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, may establish protocols and procedures for requesting the assistance of a strike team established under this section and any other procedures deemed necessary for the team's operation.

(6) SUPPLEMENTATION OF OTHER RESPONSE EFFORTS.—Strike teams established by the Secretary under this section shall supplement and not supplant response efforts carried out by a State strike team or a technical assistance team established by the Secretary during the COVID-19 public health emergency period

SEC. 213. PROMOTING COVID–19 TESTING AND INFECTION CONTROL IN NURSING FACILITIES.

(a) NURSING HOME PROTECTIONS.—The Secretary, in consultation with the Elder Justice Coordinating Council, is authorized during the COVID–19 public health emergency period to enhance efforts by participating providers to respond to COVID–19, including through—

(1) development of online training courses for personnel of participating providers, survey agencies, the long-term care ombudsman of each State, and other individuals to facilitate the implementation of subsection (b);

(2) enhanced diagnostic testing of visitors to, personnel of, and residents of, participating providers in which measures of COVID–19 in the community support more frequent testing for COVID–19;

(3) development of training materials for personnel of participating providers, the long-term care ombudsman of each State, and other individuals to facilitate the implementation of subsection (c); and

(4) providing support to participating providers in areas deemed by the Secretary to require additional assistance due to the presence COVID–19 infections.

(b) TRAINING ON BEST PRACTICES IN INFECTION CONTROL AND PREVENTION.—

(1) IN GENERAL.—The Secretary shall develop training courses on infection control and prevention, including cohorting, strategies and use of telehealth to mitigate the transmission of COVID–19 in participating providers during the COVID–19 public health emergency period.

(2) DEVELOPMENT.—To the extent practicable, the training programs developed by the Secretary under this subsection shall use best practices in infection control and prevention.

(3) COORDINATION WITH OTHER FEDERAL ENTITIES.—The Secretary shall seek input as appropriate on the training courses developed under this subsection from the Elder Justice Coordinating Council and the Director of the Centers for Disease Control and Prevention.

(4) INTERACTIVE WEBSITE.—The Secretary is authorized to create an interactive website to disseminate training materials and related information in the areas of infection control and prevention, for purposes of carrying out this subsection during the COVID–19 public health emergency period.

SEC. 214. PROMOTING TRANSPARENCY IN COVID–19 REPORTING BY NURSING FACILITIES.

Not later than 10 days after the date of enactment of this Act, and at least weekly thereafter during the COVID-19 public health emergency period, the Secretary shall provide the Governor of each State with a list of all participating providers in the State with respect to which the reported cases of COVID–19 in visitors to, personnel of, and residents of, such providers increased during the previous week (or, in the case of the first such list, during the 10-day period beginning on the date of enactment of this Act).

SEC. 215. FUNDING.

The Secretary may use amounts appropriated for COVID–19 response and related activities pursuant to the CARES Act (Public Law 116–136) and subsequently enacted legislation to carry out this subtitle.

SA 2512. Mr. MORAN (for himself and Mr. BLUMENTHAL) proposed an amendment to the bill S. 2330, to amend the Ted Stevens Olympic and Amateur Sports Act to provide for congressional oversight of the board of directors of the United States Olympic and Paralympic Committee and to protect amateur athletes from emotional, physical, and sexual abuse, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Empowering Olympic, Paralympic, and Amateur Athletes Act of 2020''.

SEC. 2. FINDINGS.

Congress makes the following findings:

SA 2513. Mr. CASSIDY (for himself, Mr. DAINES, Mr. ROMNEY, and Mr. RUBIO) submitted an amendment intended to be proposed to amendment SA 2499 proposed by Mr. MCCONNELL to the bill S. 178, to condemn gross human rights violations of ethnic Turkic Muslims in Xinjiang, and calling for an end to arbitrary detention, torture, and harassment of these communities inside and outside China; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. SUPPLEMENTARY 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 6428 the following new section:

''SEC. 6428A. SUPPLEMENTARY 2020 RECOVERY REBATES FOR INDIVIDUALS.

''(a) IN GENERAL.—In addition to the credit allowed under section 6428, 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 sum of—