(8) 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.).

SA 2641. 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 appropriate place, insert the following:

SEC. ___. EMERGENCY SUPPORT AND COVID–19 PROTECTIONS FOR NURSING HOMES.

(a) ESTABLISHING COVID–19 STRIKE TEAMS FOR NURSING FACILITIES.—

(1) 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.

(2) MISSION AND COMPOSITION OF STRIKE TEAMS.—

(A) 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).

(B) 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—

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

(ii) the mission of the team;

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

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

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

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

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

(D) TEAM AND MEMBER AUTHORITY.—A team and team member may not use the letter of authorization described in subparagraph (B) 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.

(E) 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 subsection and any other procedures deemed necessary for the team's operation.

(F) SUPPLEMENTATION OF OTHER RESPONSE EFFORTS.—Strike teams established by the Secretary under this subsection 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.

(b) PROMOTING COVID–19 TESTING AND INFECTION CONTROL IN NURSING FACILITIES.—

(1) NURSING HOME PROTECTIONS.—The Secretary, in consultation with the Elder Justice Coordinating Council established under section 2021 of the Social Security Act (42 U.S.C. 1397k), is authorized during the COVID–19 public health emergency period to enhance efforts by participating providers to respond to COVID–19, including through—

(A) 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 paragraph (2);

(B) 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;

(C) development of training materials for personnel of participating providers, the long-term care ombudsman of each State, and representatives and family members of residents; and

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

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

(A) 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.

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

(C) 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.

(D) 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.

(c) PROMOTING TRANSPARENCY IN COVID–19 REPORTING BY NURSING FACILITIES AND LONG-TERM CARE FACILITIES.—

(1) COLLECTION AND REPORTING OF STAFFING DATA BY NURSING FACILITIES DURING COVID–19 EMERGENCY PERIOD.—The Secretary shall develop a plan for ensuring that participating providers resume compliance with the requirement, under section 1128I(g) of the Social Security Act (42 U.S.C. 1320a–7j(g)), to electronically submit direct care staffing information based on payroll and other auditable data (including measures to ensure that the submitted data includes direct care staffing information for the entire duration of the COVID–19 emergency period).

(2) COLLECTION AND REPORTING OF DATA RELATED TO COVID–19 BY NURSING FACILITIES DURING COVID–19 EMERGENCY PERIOD.—The Secretary shall ensure that participating providers and long-term care facilities report all suspected and confirmed cases of COVID–19 among personnel and residents of the provider or facility, all COVID–19-related fatalities among personnel and residents of the provider or facility, and all fatalities among personnel and residents of the provider or facility, whether related to COVID–19 or unrelated to COVID–19, for the period beginning on January 1, 2020, to the Secretary.

(3) REPORTING OF NURSING FACILITY DATA RELATED TO COVID–19 BY THE SECRETARY.—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).

(4) CONFIDENTIALITY.—Any information reported under this subsection that is made available to the public shall be made so available in a manner that protects the identity of residents of participating providers and long-term care facilities.

(d) EXTENDING ELDER JUSTICE ACT PROTECTIONS DURING THE COVID–19 EMERGENCY PERIOD.—

(1) LONG-TERM CARE OMBUDSMAN PROGRAM GRANTS AND TRAINING.—Section 2043 of the Social Security Act (42 U.S.C. 1397m–2) is amended—

(A) in subsection (a)—

(i) in paragraph (1)(A), by inserting ''(including during the emergency period described in section 1135(g)(1)(B), from amounts made available with respect to such period in accordance with paragraph (2)(D))'' before the semicolon; and

(ii) in paragraph (2)—

(iii) in subparagraph (B), by striking ''and'' after the semicolon;

(iv) in subparagraph (C), by striking the period at the end and inserting a semicolon; and

(v) by adding at the end the following:

''(D) for the emergency period described in section 1135(g)(1)(B), $12,000,000.'';

(B) in subsection (b)—

(i) in paragraph (1), by inserting ''(including during the emergency period described in section 1135(g)(1)(B), from amounts made available with respect to such period in accordance with paragraph (2))'' before the period; and

(ii) in paragraph (2), by inserting before the period the following: '', and for the emergency period described in section 1135(g)(1)(B), $12,000,000''.

(2) ELDER JUSTICE COORDINATING COUNCIL.—

(A) MEMBERSHIP.—Section 2021(b)(1) of the Social Security Act (42 U.S.C. 1397k(b)(1)) is amended—

(i) by redesignating subparagraph (C) as subparagraph (D); and

(ii) by inserting after subparagraph (B), the following:

''(C) The Administrator of the Federal Emergency Management Agency.''.

(B) DUTIES.—Section 2021(f)(1) of such Act (42 U.S.C. 1397k(f)(1)) is amended by inserting ''the Federal Emergency Management Agency,'' after ''Justice,''.

(3) ADULT PROTECTIVE SERVICES FUNCTIONS AND GRANT PROGRAMS.—Section 2042 of the Social Security Act (42 U.S.C. 1397m–1) is amended—

(A) in subsection (a)(2), by inserting '', and $5,000,000 for the emergency period described in section 1135(g)(1)(B)'' after ''2014'';

(B) in subsection (b)(5), by inserting '', and $150,000,000 for the emergency period described in section 1135(g)(1)(B)'' after ''2014''; and

(C) in subsection (c)(6), by inserting '', and $30,000,000 for the emergency period described in section 1135(g)(1)(B)'' after ''2014''.

(4) TECHNICAL AMENDMENT.—Section 2011(12)(A) of the Social Security Act (42 U.S.C. 1397j(12)(A)) is amended by striking ''450b'' and inserting ''5304''.

(e) ADDRESSING RACIAL AND ETHNIC CORONAVIRUS DISPARITIES IN LONG-TERM CARE FACILITIES.—

(1) TASK FORCE.—The Secretary shall establish a task force, to be known as the ''Racial and Ethnic Coronavirus Disparities in Long-Term Care Facilities Task Force'' (referred to in this section as the ''task force''), to gather data and information on racial and ethnic disparities in long-term care facilities, during the public health emergency, and to provide recommendations to Federal, State, local, and Tribal policymakers on ways to eliminate health disparities and to improve the health of racial and ethnic minority populations residing in long-term care facilities.

(2) MEMBERSHIP.—The task force shall be composed of the Surgeon General, other Federal, State, and local government officials, and individuals appointed by the Surgeon General with firsthand knowledge of, or expertise relating to, disparities in access to quality care for residents of long-term care facilities who are members of racial or ethnic minority groups. In appointing such individuals, the Surgeon General, in consultation with the Director of the U.S. Department of Health and Human Services Office of Minority Health, shall ensure the individuals appointed provide ample representation with respect to the demographics of residents and caregivers of all long-term care facilities, during the COVID-19 public health emergency period particularly with respect to residents and caregivers of such facilities who are members of racial or ethnic minority groups, communities of color, and communities with preexisting health challenges or difficulties in accessing care.

(3) ADMINISTRATION.—

(A) CHAIRPERSON AND VICE CHAIRPERSON.—The Surgeon General shall serve as the chairperson of the task force. The Director of the Department's Office of Minority Health shall serve as the vice chairperson.

(B) STAFF.—The task force shall have at least 2 full-time staff members, with diverse and relevant experience, including, but not limited to academic, community, governmental, or vocational work. The staff members, in coordination with the Chairperson and Vice Chairperson shall appoint at least two representatives from the aging community to serve on the task force in addition to at least four representatives providing ample representation with respect to the demographics of residents and caregivers of all long-term care facilities, particularly with respect to members of racial or ethnic minority groups and communities of color, and communities with preexisting health challenges or difficulties in accessing care.

(C) MEETINGS.—The task force shall convene at least monthly, with the first meeting to occur within 60 days after the enactment of this Act.

(4) REPORTING AND RECOMMENDATIONS.—

(A) MONTHLY REPORTS.—Not later than 45 days after the 1st meeting of the task force, and monthly thereafter, the task force shall submit to Congress, the Centers for Medicare and Medicaid, and the Centers for Disease Control and Prevention a report that includes—

(i) recommended methodologies for improving Federal data collection, including transparent publication of such data and information on resident outcomes in long-term care facilities with disproportionately high rates of admission of individuals who are members of racial or ethnic minority groups;

(ii) the identification of long-term care facilities evidencing racial or ethnic disparities in COVID-19 cases and fatalities, psychotropic drug usage, infection prevention and control deficiencies, hospitalization rates, infectious disease rates, injury rates, abuse rates, neglect rates, fatality rates, and any additional areas, as determined by the task force based on available public health data (or, if no such data are available, on the basis of such other publicly available data or information as the task force may determine);

(iii) the identification of factors, including Federal and State policies, that have contributed to health disparities in resident outcomes in long-term care facilities, and actions Congress (and if appropriate, other entities) can take to address these factors; and

(iv) recommendations for best practices to eliminate health disparities and to improve the health of racial and ethnic minority populations in long-term care facilities, especially such facilities evidencing racial or ethnic disparities in COVID-19 cases and fatalities, psychotropic drug usage, infection prevention and control deficiencies, hospitalization rates, infectious disease rates, injury rates, abuse and neglect rates, fatality rates, or any additional areas determined by the task force.

(B) CONSULTATION WITH INDIAN TRIBES.—In submitting reports and recommendations under this subsection, the task force shall consult with Indian Tribes and Tribal organizations.

(C) SUNSET.—The task force shall terminate on December 31, 2022.

(f) ACHIEVING SAVINGS IN HEALTH CARE PROGRAMS BY REDUCING IMPROPER PRESCRIBING OF CONTROLLED SUBSTANCES.—

(1) IN GENERAL.—Within 120 days of enactment of this Act and annually thereafter, the Secretary shall report all Medicare revocation actions or preclusion list placements to the Drug Enforcement Administration that are based totally or in part on the improper prescribing, administering, or dispensing of controlled substances.

(2) DEFINITIONS.—The terms used in this subsection shall have the meaning given such terms in section 102 of the Controlled Substances Act (42 U.S.C. 802). For purposes of paragraph (1), the ''improper prescribing, administering, or dispensing of controlled substances'' includes doing so in any of the following respects:

(A) In excessive quantities.

(B) For other than a legitimate medical purpose or outside the usual course of professional practice.

(C) Beyond the scope of the practitioner's DEA registration.

(D) In any other manner not permitted by the Controlled Substances Act (21 U.S.C. 801 et. seq.).

(3) ACCESS TO EVIDENCE.—When making the reports required under paragraph (1), the Secretary shall provide the Drug Enforcement Administration with any relevant records or other evidence that Drug Enforcement Administration requests for purposes of carrying out its functions under the Controlled Substances Act. The Drug Enforcement Administration may use any such information or other evidence provided by the Secretary for the purposes of any criminal, civil, or administrative proceeding arising out the Controlled Substances Act.

(g) FUNDING.—

(1) CARES ACT.—-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 section and the amendments made by this section.

(2) PREVENTION AND PUBLIC HEALTH FUND.—The Secretary may use amounts in the Prevention and Public Health Fund, established under section 4002 of the Patient Protection and Affordable Care Act of 2010, to carry out this section and the amendments made by this section, including by providing financial assistance to participating providers as appropriate for implementation of the requirements of this section and the amendments made by this section.

(h) DEFINITIONS.—In this section:

(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) LONG-TERM CARE FACILITY.—The term ''long-term care facility'' has the meaning given that term in section 2011(15) of the Social Security Act (42 U.S.C. 1397j(15)).

(4) 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)).

(5) 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.).

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

(7) 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)).

(8) 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.).

SA 2642. Mr. MCCONNELL (for Mr. WICKER) proposed an amendment to the bill S. 2299, to amend title 49, United States Code, to enhance the safety and reliability of pipeline transportation, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Protecting our Infrastructure of Pipelines and Enhancing Safety Act of 2020'' or the ''PIPES Act of 2020''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
TITLE I—IMPROVING PIPELINE SAFETY AND INFRASTRUCTURE
Sec. 101. Authorization of appropriations.
Sec. 102. Pipeline workforce development.
Sec. 103. Cost recovery and fees for facility reviews.
Sec. 104. Advancement of new pipeline safety technologies and approaches.
Sec. 105. Pipeline safety testing enhancement study.
Sec. 106. Regulatory updates.
Sec. 107. Self-disclosure of violations.
Sec. 108. Due process protections in enforcement proceedings.
Sec. 109. Pipeline operating status.
Sec. 110. Liquefied natural gas facility project reviews.
Sec. 111. Updates to standards for liquefied natural gas facilities.