

Madam Speaker, we have the capacity to address the ongoing threats to our security even as we address this unprecedented public health crisis amidst an economic downturn. The bicameral group of legislators who serve on the U.S. Helsinki Commission do so in a bipartisan way, and when we participate in the OSCE Parliamentary Assembly, we do so with our European friends and allies in this effort.

I concluded from my discussions last week that more difficult times may lie ahead, but by working together, we will persevere.

Madam Speaker, please join me today recognizing the importance of these discussions with our European allies and friends.

TRIBUTE TO SERGEANT MAJOR
RALPH SARGENT

HON. SETH MOULTON

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 7, 2020

Mr. MOULTON. Madam Speaker, I rise to commemorate the service of an American patriot and decorated Marine, Sergeant Major Ralph Sargent. Sargent took part in some of the most intense fighting of the Vietnam War, including the Battle of Khe Sanh, when the hilltop outpost of 6,000 Marines was surrounded by 34,000 North Vietnamese troops. Despite heavy artillery bombardment and the constant threat of being overrun, the Marines, of course, held their ground. Later while on patrol, his company got into an extended fire-fight that would claim the lives of 35 Marines, but it would have been far worse if not for Sergeant Major Sargent's actions that earned him the Bronze Star with a "Combat V" for extraordinary heroism, in addition to his Navy Commendation Medal.

But one of the greatest stories of his service was when he saved the life of another Marine decades after Vietnam. That Marine is his grandson, whom I was privileged to serve with in Iraq. The salty Marine sergeant major recognized what was wrong with his grandson when this great Marine returned from the war and, like so many of us, had trouble finding meaning in life back home. So one day the sergeant major asked his grandson to drive him to the VA for an appointment, but when they arrived, he told his grandson that the appointment was actually for him. His grandson, my friend, followed the sergeant major's orders and started going regularly to the VA. I'm not sure he would be alive today if he hadn't. And months later, after Sergeant Major Sargent saw what a difference the VA had made in his grandson's life, he decided, for the first time, to go himself.

Madam Speaker, Sergeant Major Sargent lived a life of service. Many Marines made it through Vietnam thanks to their sergeant major, and one of my great Marine friends is alive today because of his grandfather. What an American hero.

THANK YOU TO WASHINGTON
STATE'S FIRST RESPONDERS

HON. RICK LARSEN

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 7, 2020

Mr. LARSEN of Washington. Madam Speaker, I rise to recognize the valuable service of grocery workers.

Nearly three million grocery workers punch the clock in communities across the United States. In Northwest Washington, these women and men put themselves at risk to make sure their neighbors are fed.

Since the COVID-19 outbreak began, I have heard from families of grocery employees who worry every time their loved ones go to work.

Congress must support grocery workers the same way they support their communities. This means providing paid family and medical leave, guaranteeing workers' rights are protected and listening when they tell employers and Congress what they need to stay safe on the job.

I would like to thank and recognize grocery workers for their commitment to keeping Washington healthy and fed during this unprecedented crisis. I encourage my colleagues to support these essential workers in any future relief package.

INTRODUCTION OF THE IMPROVING
ACCESS TO SERVICES ACT

HON. JESÚS G. "CHUY" GARCÍA

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 7, 2020

Mr. GARCÍA of Illinois. Madam Speaker, I rise to introduce the Improving Access to Services Act along with my colleagues Congresswoman AYANNA PRESSLEY and Congressman MARK TAKANO.

Our transportation system is failing Americans who are stuck in congestion, traveling on roads and transit systems in disrepair, and forced to travel further and further to reach essential services.

The Improving Access to Services Act would require that 'safe and convenient access to services' is an added condition for States' minimum standards for public roads—for both new construction and roadway improvement projects. These services include health care facilities, child care, education and workforce training, affordable housing, food sources, banking and financial institutions, and other retail shopping establishments.

States and metropolitan planning organizations will assess how the transportation system connects people to services by auto, transit, bike, and pedestrian investments, and ensures new investments do not degrade transit, bike, and pedestrian access.

The Improving Access to Services Act will also adjust the definition of access to incorporate a measurement of travel times, travel stress for active travel (bike and pedestrian), and cost for low-income travelers.

I am glad that the Improving Access to Services Act is endorsed by Transportation for America (T4A), Sierra Club, National Resources Defense Council (NRDC), National

Association of City Transportation Officials (NACTO), Environmental Law and Policy Center (ELPC), Rails-to-Trails Conservancy.

The Improving Access to Services Act will reconnect our communities, enabling people to take shorter, more convenient trips, reducing congestion and emissions, and improving access to services for all.

I urge this body to swiftly pass this legislation.

ADDITIONAL COMMENTS ABOUT
THE CARES ACT

HON. ANDY BIGGS

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 7, 2020

Mr. BIGGS. Madam Speaker, The vote we took on March 27, 2020, may be the most monumental vote during our tenure in Congress. The amount of money we committed our nation to is, in itself, epic. The causes of this legislation—the coronavirus and government reaction to the threat, which has placed our economy into a recession—are equally momentous.

The President has wisely acted to limit the spread of the outbreak, and he and Senate Majority Leader MCCONNELL tried to negotiate in good faith with House Democrats. Unfortunately, Speaker PELOSI and Minority Leader SCHUMER chose instead to derail the process. As a result, we have a bill before us that is loaded down with more negative provisions than positive ones.

I have spent the past few days imagining what could have been, had the Democrats decided to act as honest brokers.

Could we have provided the liquidity and necessary interim relief for the families and businesses of Main Street USA for less than \$2 trillion?

Most certainly. And we should have found ways to help them because these businesses needed our support, because state and local governments have shuttered them and placed many Americans in economic peril.

Could we have acted more swiftly?

Without a doubt.

Could we have taken the time to repair the unemployment compensation portion of the bill that Senators SCOTT, SASSE, and GRAHAM noted will incentivize people not to work, because the compensation for unemployment will be superior to their wages?

Might we have produced a bill that didn't spend millions of dollars for non-essential, non-emergency-related funding to institutions such as the Kennedy Center, NPR, Smithsonian, Institute of Museum and Library Services, and the National Endowments for the Arts and Humanities?

Could we have done this without strengthening the hands of unions in the private sector?

These are all painful hypotheticals to think about as we look at the enormous sums of unnecessary spending in this bill.

To offer merely a few examples, we gave \$88 million to the Peace Corps, which fired over seven thousand volunteers in March. We spent millions more for refugee assistance, election security, and the Department of Education. Some of these efforts may be worth funding, but they certainly have no place in an economic relief package.

We currently have a structural deficit of approximately \$1.2 trillion—which, coincidentally, is about equal to the discretionary spending of Congress. This proposal dwarfs in spending, in one day, what we spend on discretionary projects in one year.

Some economists forecast tough times ahead for GDP growth. If our amazing economy, structurally sound just a few weeks ago, has slower growth while we are more than doubling our structural deficit for the current fiscal year—not counting the input of the Phase 1 and 2 relief packages, and excluding the proposed Phase 4 and 5 packages—we could move into an upside-down position in the ratio of national debt to GDP. Such a situation would likely precipitate a sovereign debt crisis.

The President is highly concerned about whether our economic cure may be worse than the sickness. I suggest that the temporary gains this bill provides are outweighed by the acceleration of our already unimaginable national debt, which even before the spending package exceeded \$23 trillion.

Lastly, I am disappointed that the bill:

Grants checks to millions of Americans who do not immediately need them and likely will not spend them.

Does not expand Health Savings Accounts. Does not go nearly far enough to deregulate the healthcare industry or the rest of the economy.

Grants far too much discretion to the federal bureaucrats to pick-and-choose which companies outside of the airline industry warrant relief, allowing for government to pick economic winners and losers.

Places so many strings on small business assistance that the resulting “loans” are better categorized as mandates.

President Trump asked us all to come together during this national emergency to pass relief that would truly help our country return to prosperity. It's a shame that Democrats chose to leverage the outbreak to include their agenda instead of focusing on the need of the nation.

Congress failed to consider historical examples of relief proffered to American citizens. We can learn of the ineffectiveness of direct payments by examining the record of direct stimulus payments on behavior.

The federal government has sent direct stimulus payments to individuals or households on three separate occasions, in 2001, 2008, and 2009. The 2001 and 2008 direct stimulus payments were tax rebates of varying sizes offered to the overwhelming majority of individuals or households filing an IRS tax return in 2000 or 2007, respectively (which accounts for approximately 86 percent of the population, both in 2008).

In 2008, the year for which we have the best data, \$96 billion was distributed to 83 percent of filers (individuals or households at the highest income levels were not eligible for a rebate).

The 2009 direct stimulus payments, unlike the 2001 and 2008 payments, were not meant to be nearly universal; instead, they were directed primarily to the predominantly poor or elderly populations who may not have filed taxes in 2007 (or 2008).

Stimulus checks in 2009 were paid directly out of various Social Security, Supplemental Security Income, Railroad Retirement, and VA accounts, instead of from the Treasury. 55 mil-

lion individuals received \$14 billion from this stimulus.

The maximum tax rebate in 2008 was \$1,200 for joint filers, \$600 for others, and an additional \$300 per dependent. The 2009 stimulus payments were \$250 per recipient.

A 2010 National Bureau of Economic Research survey (Sahm, Shapiro, and Slemrod) found that only 23 percent of individuals or households receiving a 2008 stimulus check indicated they would “mostly spend” it. 24 percent of those surveyed indicated they would “mostly save” the money, and 53 percent said they would “mostly pay off debt” with the funds.

The study also found that about 26 percent of families with incomes above \$75,000 planned to spend the 2008 rebate, as compared to about 19 percent of lower-income families.

Congress did not even discuss the ramifications of the direct payment program, “Economic Impact Payments.” The advocates for direct payments exhibited hope and ignored the economic reality revealed in past efforts.

A number of my colleagues and I put forward a number of alternatives to the boundless spending package that would have provided immediate and lasting relief without causing potentially long-term harm to our economy.

Only a few of the following proposals were incorporated into the CARES Act. All of them have advantages and disadvantages, but they all warranted far more consideration than they received:

Payroll tax holiday: This is the original Trump administration plan. The advantage is that it helps individuals who are the biggest aggregate contributors to the economy. On the other hand, it does less to (directly) help poorer workers, workers in tip-dependent industries, and retirees.

Temporary deregulation “Require every agency within one month to identify and suspend significant regulations that will reduce cost in the American economy—both compliance costs and economic social costs. Upon approval by the President, such regulations (except those needed to protect human health and safety) shall be suspended until the President (or Congress) determines that the suspension is no longer needed to provide relief of the economic crisis. Notice and Comment and other APA provisions shall not apply to the suspension of the regulations, but shall apply to the re-establishment of the regulations. (This will reestablish the President's goal of eliminating two regulations for every new regulation.)”

From Club for Growth's Policy Options for the Senate in Replacing the Pelosi/Mnuchin Coronavirus Stimulus with Economic Freedom that protects the American Economy:

Prepayment of tax refunds: Give every household a refund of \$5,000—roughly equal to the average refund for the 2019 and 2020 tax years combined. This refund could gradually be recouped through the withholding of future refunds or by setting surcharges once the economy improves (perhaps after 2022).

Idea from the American Enterprise Institute:

Reduction of the pass-through tax rate: The businesses that are going to be hit hardest during the corona virus crisis are small firms of fifty or fewer employees, which make up a majority of businesses in the East Valley and most other parts of the country. We could advocate for your “Small Business

Prosperity Act” (H.R. 4947) or even more aggressive measures.

Modification of the net operating loss (NOL) assessment: The TCJA eliminated “carrybacks” and permitted unlimited “carryforwards” of NOLs instead. New policy could once again allow businesses to carryback to more profitable times, or, alternatively, it could allow firms to draw down NOLs by making them refundable.

Elimination of paid-leave mandates: Senator Johnson tried unsuccessfully to amend the second coronavirus relief bill to strip its paid-leave mandates. His argument was that most small business owners are primarily concerned with preserving liquidity and guaranteeing their future solvency. Paid-leave mandates could inadvertently force some of these rattled small businesses to lay off workers permanently. Most senators who opposed the second coronavirus package did so on these grounds.

Protection of industries from regulatory takings: Allow businesses forced to close or pare back operations (i.e. airline companies, restaurants) due to government mandates a reprieve from regulatory takings via temporary, interest-free loans provided by the Treasury.

Expansion of tax deductions and/or credits for individuals who work from home: The coronavirus may spur more permanent changes in workforce behavior. In addition to expanding existing tax deductions for individuals who work from home, policymakers could make them more flexible to account for any “gig” work that individuals may be forced to take on in the short-term.

Expansion of tax deductions and/or credits for individuals who start a business: Some entrepreneurial individuals may see the current crisis as an opportunity to leave their current jobs entirely and start their own businesses.

Pausing of foreclosures/evictions/repossession for homeowners, business owners, and car owners: State governments are already starting to take the lead on this issue in many places, and the Trump administration has started to act at the federal level through executive order.

Expansion and streamlining of the SBA disaster loan program: “The Small Business Administration (SBA) disaster loan program for those impacted by the coronavirus should be immediately made available nationwide, eliminating the complex and time-consuming local certification processes. The SBA also should be given the authority to streamline its disaster-loan approval process for amounts below \$350,000 in order to provide emergency capital more quickly. This should include removing the requirement that small businesses demonstrate that they cannot access credit elsewhere before turning to the SBA. These loans may be used to pay fixed debts, payroll, accounts payable, and other bills that can't be paid because of the virus's impact. The interest rate is 3.75 percent for small businesses and 2.75 percent for non-profits.”

From the U.S. Chamber of Commerce:

Additionally, because the relief packages, Phases 1, 2, and 3, all were ostensibly passed to provide relief due to the impacts of the COVID-19 outbreak, I and my colleagues recommended some of the following measures dealing with health policy. Be forewarned that my Democrat colleagues will attempt to reinstate Obamacare and its plethora of regulations. The policies set forth would be helpful in addressing the virus outbreak and would make the entire medical system more favorable to consumers and providers:

Expansion of Health Savings Accounts: We should make it even easier for consumers to use pre-tax dollars on a wide range of services. Some new guidance has already been released by the IRS in the wake of the coronavirus outbreak.

Reduction or elimination of FDA regulations on non-invasive medical devices: This reform should already be implemented for smart devices (such as Fitbits), glucose kits, and other comparable items. It could be expanded to include DIY COVID test kits.

Clarification and codification of Trump administration efforts to ease telehealth restrictions: President Trump has already begun to lift restrictions for Medicare patients, but not for other populations.

Waiving out-of-state medical licensing requirements: This reform is already happening slowly on a state-by-state level, but could be more aggressively championed—or mandated—at the federal level.

THANK YOU TO WASHINGTON
STATE'S EDUCATORS

HON. RICK LARSEN

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 7, 2020

Mr. LARSEN of Washington. Madam Speaker, I rise today to sincerely thank the teachers, paraeducators, food service workers, bus drivers, custodial staff and others keeping the education of kids on track in Washington state during the COVID-19 pandemic.

Schools are always adapting to suit the needs of their students. When Washington state closed schools to prevent the spread of COVID-19, education professionals rapidly adjusted to on line education, ensuring students would not fall behind.

Distance learning has forced schools to tackle serious student equity issues, including access to technology and broadband, and making sure thousands of students who rely on school meals do not go hungry. These educators need Congress to step up to help address these issues.

Madam Speaker, I rise to recognize the sacrifices teachers and school employees of all kinds across Washington state are making to provide for their students amid this public health crisis. And I call on Congress to provide necessary tools for school districts to ensure equitable online learning and sufficient resources for students during this pandemic and beyond.

MIDDLE CLASS HEALTH BENEFITS
TAX REPEAL ACT OF 2019

SPEECH OF

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 27, 2020

Ms. KAPTUR. Mr. Speaker, H.R. 748 contains a critical provision that will be used to assist state and local governments in their response to the crisis engulfing our nation. Indeed, local governments are bearing the heavy burden of response with dwindling resources while helping terrified Americans manage as best they can. As the entities closest to the ground, these local governments are on the front line of the fight, and we must ensure they have adequate funding.

This provision, Section 5001 of the CARES Act, provides that Treasury will provide assistance directly, and not through the State intermediary to units of local government with

more than 500,000 people. The provision, allows for a significantly broad definition of local governments and specifies that “[t]he term ‘unit of local government’ [includes] . . . other unit of general government below the State level with a population that exceeds 500,000.” Section 5001 explicitly allows any government that represents more than 500,000 and includes regional councils of government which are chartered under state law.

In Ohio, Chapter 167 of the revised code provides broad authority for a regional council of government to act as a local unit of government, to plan, enter cooperative agreements related “to matters affecting health, safety, welfare, education, economic conditions, and regional development.” See Ohio Revised Code, Sec. 167.03.

In drafting and approving H.R. 748, the House and Senate intended section 5001 to be administered liberally, and for Treasury and the Courts to construe the statute broadly so as to encompass all local government entities with more than 500,000 citizens to act directly, and not through the intermediary of a state government. In fact, the State of Ohio has specifically devolved local authority to the regional council of governments to act in the general welfare interests of their citizens as a unit of general government.

As Treasury promulgates regulations to implement this statute, the law intends for these regional councils of government to act as a general unit of local government, and envisions them to be eligible to certify and receive the state stabilization dollars.

MIDDLE CLASS HEALTH BENEFITS
TAX REPEAL ACT OF 2019

SPEECH OF

HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 27, 2020

Mr. SHERMAN. Mr. Speaker, over 122,000 cases of coronavirus, otherwise referred to as COVID-19, have been confirmed in the United States since the inception of the outbreak, including more than 5,000 confirmed cases in my home state of California alone. More than two thousand Americans have died as a result of the virus, and many more stand to do so if we do not act quickly to mitigate its spread and address the myriad of medical challenges.

While Congress has passed several measures to provide significant amounts of money for research activities at federal agencies, this is not enough. I am disappointed that H.R. 748 does not adequately fund nor provide incentives for, research and development into treatments and vaccines that leverage the expertise of the public and private sectors. Chiefly, the CARES Act fails to adequately support research on the National Institutes of Health (NIH) campus and at clinical research institutions across the country to pursue all reasonable avenues to develop treatments for the coronavirus, including diagnostic tests, therapies and vaccines. The NIH should have significantly more than \$945 million to carry out COVID-19 related research and should also be directed to focus primarily on those possible treatments that are not subject to a patent and thus are not the focus of U.S. pharmaceutical companies.

Finally, the Trump administration uses this must-pass relief bill to advance their anti-reproduction rights agenda. The bill gives the Small Business Administration broad discretion to exclude Planned Parenthood affiliates and other non-profits serving people with low incomes and deny them benefits under the new small business loan program. Additionally, the bill attaches a harmful Hyde Amendment provision to a state stabilization fund for state, local, and tribal governments providing coronavirus relief. Reproductive health care is essential health care, and Planned Parenthood health centers are a critical component of the health care system. Attempting to limit access to reproductive health care services during a pandemic will only worsen the public health care crisis.

MIDDLE CLASS HEALTH BENEFITS
TAX REPEAL ACT OF 2019

SPEECH OF

HON. NEAL P. DUNN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 27, 2020

Mr. DUNN. Mr. Speaker, oftentimes, when both sides of the aisle acknowledge that a bill is not perfect, it ultimately means it is actually quite good. With that said, I do want to highlight some specific concerns that I have with provisions in this bill, both in their direct effects, and also the future precedent that they may set.

Historically there is little evidence that direct to consumers stimulus checks have a significant impact on the economy or that they lead to the kind of spending necessary to counteract an economic downturn. The Economic Stimulus Act of 2008 (signed February 13, 2008) provided \$600 checks to individuals and cost \$168 Billion. A study by the Bureau of Labor statistics later showed that, ultimately, nearly 70 percent of recipients either used the money to pay off existing debt, or simply put it into savings. Those are not activities that stimulate the economy, and unsurprisingly that effort failed to stop a four percent contraction in GDP, the loss of over eight million jobs, and the worst overall economic disaster since the great depression. Overall, I believe that this bill will help us to avoid the same fate, but that will be due to other more robust provisions that acknowledge the importance of our small businesses and job creators in the private sector.

The incentive and ability for anyone, regardless of their circumstances, to work hard and improve their life is a fundamental tenet of the American dream. It is essential that we do not allow this stimulus payment to serve as a pilot program for a Universal Basic Income, as some have suggested. Furthermore, it is true that this bill will at times create a situation where some people could actually earn more money by filing for unemployment if furloughed than they would by staying in the workforce. We must acknowledge the potential for this to set a damaging precedent.

This bill provides robust funding for our nation's hospitals and some needed flexibility in the telehealth space to ensure Americans, particularly seniors, are able to visit with their doctors in the lowest risk setting possible. I was disappointed however in the lack of a