

Party of China for silencing dissent and obscuring the truth about the coronavirus—where it originated. When China obscures the truth, it puts Americans in danger. Where is President Trump's voice?

The videos emerging from behind the Chinese Communist Party's internet wall show Chinese people pleading—pleading—with the international community to expose the scope and scale of this epidemic.

The response so far by the Trump administration is exactly what happens when science skeptics with alternate facts try to run emergency response that requires expertise, planning, knowledge, money, cooperation, and science-based actions.

But being anti-science is not just rhetoric. It hurts us. It hurts every American in many ways, and that is what President Trump and his administration do, and our Republican colleagues just blithely go along.

After months of tiptoeing around the Chinese Communist Party, after 3 years of cutting funding for our epidemic response programs, President Trump simply has left the United States unprepared to confront a possible epidemic like corona.

I will have more to say this week about what the administration must do to right the ship.

NATIONAL DEFENSE

Mr. President, on another front, again, the frustration of how this administration has conducted itself is unprecedented. I know some of my colleagues like to say that it is just like Obama. It isn't even close.

Here are some more examples, unfortunately, on the trampling of the rule of law in this country.

Emboldened by the refusal of Senate Republicans to hold him accountable in his impeachment trial, President Trump has been interfering with the Justice Department and retaliating against officials in his administration who dare testify truthfully before Congress.

In the short week that we have spent in recess, the President has managed to plunge our country even deeper into chaos and certainly has shown the need for having a trial during impeachment with witnesses and documents, getting the truth and not rubberstamping President Trump's behavior.

The President continued to purge his administration, firing officials who refused to pledge allegiance to the President over their allegiance to the Constitution. The President classified Bolton's book in another blatant attempt to cover up the facts. This is what dictatorships do—dictatorships. They say something is classified; they hide the truth. It is a disgrace.

The President continued to abuse the pardon power, in one instance commuting the sentence of a notoriously corrupt former official without rhyme or reason. Maybe most egregious of all, the President, angered that the Director of National Intelligence had the

gall to conduct a bipartisan briefing for the House Intelligence Committee on foreign interference in our elections, replaced him with a political lackey—a yes-man as the head of DNI, where truth needs to be spoken probably more than any other place in the government. He has no experience in the intelligence community and is simply known as an acolyte to President Trump.

With each of these actions—I hate to say it, but it is true; any objective person will know—President Trump brings our Nation closer and closer and closer to a banana republic, a government not of laws but of one man, a government where officials are asked to swear loyalty not to our country or the Constitution but to the President himself, a country where truth is obscured or covered up or deemed fake simply because it is not flattering to the President and is not what he wants to hear.

President Trump's decision to dismiss the DNI Director, the Director of National Intelligence, is particularly pernicious. Our intelligence community is an institution that is supposed to report on threats to our country with accuracy, without regard to politics, to speak truth to power, to protect us. For the President to install a yes-man at the top of the intelligence community, to politicize a part of our government designed to be apolitical, to so debase the morale of the brave men and women in the CIA and the NSA, many of whom risk their lives for our safety, is a disgrace.

There are media reports that our intelligence community has found that Putin continues to engage in activities to influence the outcome of our election. That is reportedly what former DNI McGuire's team was briefing Congress about.

So today, along with my Democratic colleagues on the Banking and Foreign Relations Committees, I am sending a letter to Secretary Pompeo and Secretary Mnuchin urging them to impose new sanctions on Putin and his cronies using existing sanctions authority. They have it; they can do it. Let me repeat that. The Trump administration has broad authority to impose sanctions for meddling in our elections. It does not need new legislative tools or approval.

Our message is clear: Secretary Mnuchin, impose sanctions now.

No one on the Intelligence Committee, Democrat or Republican, has disputed that Russia is attempting to interfere in our elections. Most say Russia has already started to do so. So this should be an easy, bipartisan effort. We are being attacked today in real time by foreign adversaries. This is not about party politics. It is not about what Trump doesn't want to hear. The Russians wanted him to win in 2016 and in all likelihood will want him to win in 2020. It is about the oath we swear to defend our Republic. Americans—I don't care what their party, what their ideology—if they start be-

lieving our elections are not on the level, this democracy will be in big trouble.

I hope my Republican colleagues will join us. The administration could impose sanctions tomorrow, and it should. A repeat performance of 2016—another campaign of foreign influence in our elections—is perhaps the greatest threat to our democracy. The Founding Fathers thought so. Read what James Madison said.

We demand that Secretary Pompeo and Secretary Mnuchin identify and target all those determined to be responsible for ongoing election interference. Anything less would be an abdication of their responsibility, their sacred, solemn responsibility to protect and defend the United States from the serious threat to our national security and the integrity of our electoral process.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine is recognized.

LIFESPAN RESPITE CARE REAUTHORIZATION ACT OF 2019

Ms. COLLINS. Mr. President, I rise today to urge passage of bipartisan, compassionate legislation that I introduced on April 2 of last year with my colleague from Wisconsin, Senator BALDWIN, to reauthorize the Lifespan Respite Care Program. This program provides respite services to family members who are caring for loved ones with special needs. Oftentimes, they are taking care of a spouse with Alzheimer's disease or a child with several disabilities, and it is a 24/7 job. They need a break, they need help, and that is what respite service is all about.

This is not a new program. It has long been a bipartisan priority, and our bill is widely supported by a total of 100 leading caregiver and respite organizations across the country.

The Senate Health, Education, Labor, and Pensions Committee reported our bill unanimously on October 31 of last year, and we have been working since then to secure its passage by the full Senate. It cleared the Republican side of the aisle on December 17, but the bill has been stalled on the other side of the aisle due to an unknown objection by an anonymous Senator, making it very difficult to resolve. If you don't know who has lodged the objection and you don't know what the concern is, it becomes impossible to resolve it. Thankfully, I am pleased to report that the objection has now been lifted, and we are poised to pass this bill that will help our seniors caring for a spouse with Alzheimer's or another disease, as well as parents caring for children with disabilities.

Our bill would authorize \$10 million annually for the Lifespan Respite Care Program over the next 5 years to assist States in establishing or enhancing statewide lifespan respite programs. Since the program's enactment 15

years ago, 37 States plus the District of Columbia have received grants to increase the availability and quality of respite services. Failing to reauthorize this program would put this funding in jeopardy.

While respite care is the No. 1 service caregivers say they need, 85 percent of our Nation's caregivers have not received any respite services at all. Respite care has been shown to help sustain family caregivers' health and well-being and avoid and delay out-of-home placement for those for whom they are caring.

From families caring for children with disabilities to those caring for older adults, the need for respite care today continues to grow. Our bipartisan legislation would help the 45 million caregivers in our country who provide an estimated \$470 billion in uncompensated care each year.

As a Senator representing the State with the oldest median age in our Nation and as chairman of the Senate Aging Committee, the well-being of our seniors and their caregivers is among my top priorities. The need for respite care continues to outpace available resources. This program is an attempt to provide a modest amount of Federal grant money toward this goal.

Along with Senator BALDWIN, this bipartisan bill is cosponsored by Senators MURRAY, REED, and SINEMA. More than 50 national stakeholders have signed a letter urging immediate passage of the bill, including the ARCH National Respite Coalition, the AARP, Easterseals, The Arc, and the Elizabeth Dole Foundation. In addition, State-based organizations representing constituents across the country have also signed this letter.

Mr. President, I ask unanimous consent to have this letter printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

FEBRUARY 24, 2020.

Re Lifespan Respite Care Program Reauthorization Act (S. 995).

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.

Hon. LAMAR ALEXANDER,
Chairman, Committee on Health, Education,
Labor and Pensions, U.S. Senate, Wash-
ington, DC.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.

Hon. CHUCK SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.

Hon. PATTY MURRAY,
Ranking Member, Committee on Health, Edu-
cation, Labor and Pensions, U.S. Senate,
Washington, DC.

Hon. TAMMY BALDWIN,
U.S. Senate,
Washington, DC.

DEAR LEADER MCCONNELL, LEADER SCHUMER, CHAIRMAN ALEXANDER, RANKING MEMBER MURRAY, SENATOR COLLINS, AND SENATOR BALDWIN: We, the undersigned national, state and local organizations representing all ages and disabilities, are writing to offer our support for the bipartisan Lifespan Res-

pite Care Reauthorization Act (S. 995) to reauthorize the Lifespan Respite Care Program at \$50 million over five years. We are very grateful that with your strong support, the bill was unanimously approved by the Senate Health, Education, Labor and Pensions Committee last October, and we now urge the Senate to take swift action to pass the bill. We also want to acknowledge and express our deep gratitude to Rep. James Langevin for his championing of Lifespan Respite in the House since 2003, when he first introduced the Lifespan Respite Care Act in Congress. He continued to lead the effort with subsequent reauthorization bills in every Congress since 2011.

Every day, millions of American families are faced with unexpected illness, disease, or disability. A soldier is injured in war, a spouse develops multiple sclerosis or Alzheimer's disease, or a child is diagnosed with a developmental or physical disability or chronic illness. These are but a few examples of events that can forever change an individual's and family's trajectory.

While each situation is unique, the one thing that they often have in common is the incredible role family caregivers play. Forty-three million family caregivers provide a vast majority of our nation's long-term care, permitting individuals of all ages to remain in their communities and avoid or delay nursing home or foster care placements.

While the benefits of family caregiving are plentiful, caregiving can take its toll. Respite—short-term care that offers individuals or family members temporary relief from the daily routine and stress of providing care—is a critical component to bolstering family stability and maintaining family caregiver health and well-being. Respite is a frequently requested support service among family caregivers, but 85% of family caregivers of adults receive no respite and the percentage is similar for parents caring for their children with special needs.

The Lifespan Respite Care Program, though competitive grants to states to establish or enhance statewide Lifespan Respite systems, work to maximize existing resources and help ensure that quality respite is available and accessible to all family caregivers. With more than half of care recipients under age 75 and more than one-third under age 50, Lifespan Respite rightly recognizes caregiving as a lifespan issue and serves families regardless of age or disability.

Though the program has been drastically underfunded since its inception, thirty-seven states and the District of Columbia have received grants and are engaged in impressive work such as identifying and coordinating respite services available through various state agencies, including veterans caregiver services; helping unserved families pay for respite through participant-directed voucher programs; addressing the workforce shortage by recruiting and training respite workers and volunteers; and building capacity by awarding mini-grants to community and faith-based agencies for new services; and raising awareness about respite through public education campaigns. Enactment of the Lifespan Respite Care Reauthorization Act is necessary to continue this excellent momentum, better coordinate and supply respite care to our nation's 43 million family caregivers through statewide Lifespan Respite programs and ensure that states are able to sustain the great work they have begun and still allow new states to receive a grant.

We thank you for your commitment to individuals living with disabilities, older individuals in need of assistance and support, and the loved ones who care for them and we look forward to continuing to work with you as the bill moves forward. If you would like

more information, please contact Jill Kagan with the National Respite Coalition at jkaqan@archrespite.org.

Sincerely,

NATIONAL ORGANIZATIONS

AARP, ACCSES, Aging Life Care Association, Alliance for Aging Research, Alliance for Retired Americans, ALS Association, Altarum, Alzheimer's Association, Alzheimer's Foundation of America, Alzheimer's Impact Movement, American Academy of Pediatrics.

American Association of Caregiving Youth, American Association on Health and Disability, American Association on Intellectual and Developmental Disabilities, American Music Therapy Association, American Network of Community Options and Resources (ANCOR), American Occupational Therapy Association, American Therapeutic Recreation Association, Autism Society of America, Caregiver Action Network, Caregiver Voices United, Caregivers on the Homefront.

CommunicationFIRST, Easterseals, Elizabeth Dole Foundation, Epilepsy Foundation, Family Caregiver Alliance, National Center on Caregiving, Family Voices, Generations United, Lakeshore Foundation, Leading Age, Lupus Foundation of America, National Alliance for Caregiving.

National Asian Pacific Center on Aging (NAPCA), National Association for Home Care and Hospice, National Association of Area Agencies on Aging (n4a), National Association of Councils on Developmental Disabilities, National Association of State Directors of Developmental Disabilities Services, National Association of State Head Injury Administrators, National Committee to Preserve Social Security and Medicare, National Down Syndrome Congress.

National Foster Parent Association, National Multiple Sclerosis Society, National Respite Coalition, Network of Jewish Human Service Agencies, Paralyzed Veterans of America, Rosalynn Carter Institute for Caregiving, Sibling Leadership Network, The Arc of the United States, United Cerebral Palsy National, Well Spouse Association, Women's Institute for a Secure Retirement (WISER).

STATE AND LOCAL ORGANIZATIONS

Alabama

Alabama Governor's Office on Disability, Alabama Home Health Services, Alabama Lifespan Respite Resource Network, Alabama Lifespan Respite Coalition, Madison County 310 Board, North Alabama Community Care, United Cerebral Palsy of Alabama, United Cerebral Palsy of Huntsville and Tennessee Valley, Inc., United Cerebral Palsy of Mobile and Central Alabama, West Alabama Area Agency on Aging.

Arizona

Arizona Caregiver Coalition, Benevilla, Posada Life Adult Day Services, SunTree Adult Day Health & School For Seniors.

California

Association of Caregiver Resource Centers, YMCA Childcare Resource Service.

Florida

Florida Lifespan Respite Alliance.

Idaho

Center for the Study of Aging, Families Together, John & Junes Mission, Inc., Idaho Caregiver Alliance, Kids 1st Disability Resource Center, Legacy Corps for Veteran and Military Families/Jannus, Rays for Rare, Relatives As Parents INC., Senior Connection.

Illinois

Illinois Respite Coalition.

Kansas

Kansas Lifespan Respite Coalition.

Maryland

Maryland Respite Care Coalition.

Mississippi

Mississippi Family Caregiver Coalition.

Montana

Developmental Educational Assistance program (DEAP), Montana Lifespan Respite Coalition.

Nebraska

Nebraska Caregiver Coalition, Nebraska Lifespan Respite Network.

Nevada

Nevada Lifespan Respite Care Coalition.

New Jersey

The Family Resource Network, Caregivers of New Jersey.

New York

Fulton Co Office for Aging & Youth, Livable Communities Caregiver Collaborative, Livable Communities Alzheimer's/Dementia Collaborative, Livable Communities Intergenerational Collaborative, New York State Caregiving and Respite Coalition.

Oklahoma

Oklahoma Caregiver Coalition, Sooner Success.

Pennsylvania

Alliance for Community Respite Care.

South Carolina

Central Midlands Area Agency on Aging, Charleston Area Senior Citizens, Inc., Down Syndrome Association of the Upstate, Evolve Senior Solutions, Family Connection of South Carolina, Federation of Families of South Carolina, Leeza's Care Connection, Richland/Lexington Disability and Special Needs Board, South Carolina Autism Society, South Carolina Respite Coalition, South Carolina Spinal Cord Injury Association, Tri-County Adult Day Services, Inc.

Tennessee

Tennessee Respite Coalition.

Washington

Washington PAVE, Washington State Respite Coalition.

Wisconsin

Greater WI Agency on Aging Resources, Inc., Inclusa, Respite Care Association of Wisconsin.

Ms. COLLINS. Mr. President, I have shared how important it is that we pass this legislation, the Lifespan Respite Care Reauthorization Act of 2019, without further delay, and I urge my colleagues to support the bill.

Mr. President, as if in legislative session, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 283, S. 995.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 995) to amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Lifespan Respite Care Reauthorization Act of 2019".

SEC. 2. REAUTHORIZATION OF LIFESPAN RESPIRE CARE PROGRAM.

(a) DATA COLLECTION AND REPORTING.—Section 2904 of the Public Health Service Act (42 U.S.C. 300ii-3) is amended to read as follows:

"SEC. 2904. DATA COLLECTION AND REPORTING.

"(a) IN GENERAL.—Each State agency awarded a grant or cooperative agreement under section 2902 shall report such data, information, and metrics as the Secretary may require for purposes of—

"(1) evaluating State programs and activities funded pursuant to such grant or cooperative agreement, including any results pursuant to section 2902(d)(2)(B)(xii); and

"(2) identifying effective programs and activities funded pursuant to section 2902.

"(b) REPORT.—Not later than October 1, 2023, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives regarding the outcomes of the programs and activities funded pursuant to section 2902, including any effective programs and activities identified."

(b) FUNDING.—Section 2905 of the Public Health Service Act (42 U.S.C. 300ii-4) is amended by striking "title" and all that follows through the period and inserting "title, \$10,000,000 for each of fiscal years 2020 through fiscal year 2024."

Ms. COLLINS. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be agreed to and that the bill, as amended, be considered read a third time.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The committee-reported amendment, in the nature of a substitute, was agreed to.

The bill, as amended, was ordered to be engrossed for a third reading and was read the third time.

Ms. COLLINS. Mr. President, I know of no further debate on the bill, as amended.

The PRESIDING OFFICER. Is there further debate?

If not, the question is, Shall the bill pass?

The bill (S. 995), as amended, was passed.

Ms. COLLINS. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

EXECUTIVE CALENDAR—Continued

Ms. COLLINS. Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, we are running a little bit behind, so I would ask unanimous consent to speak for up to 10 minutes, which reflects the amount of time we are running behind.

I ask unanimous consent to speak for up to 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

WOMEN'S HEALTHCARE

Mr. WYDEN. Mr. President, this week, the Senate is having yet another debate on legislation to restrict healthcare for women, and I am going to take just a few minutes to talk about what this debate is really all about.

The old Republican slogan was "a chicken in every pot." The new Republican slogan is "a Republican in every examining room."

The Senate has done remarkably little legislating while under the recent control of the other party, but somehow, some way, there always seems to be time to have an attack on women's healthcare. It has come up again and again, and it is always the same basic proposition on offer: Republican politicians trying to somehow squeeze themselves in between women and their physicians.

My view is that the government ought to make sure that women can get healthcare from the doctors they trust and that politicians ought to stay out of things. Roe v. Wade says that is supposed to be the law of the land when it comes to access to abortion. More than four decades of settled law says that these are choices to be made by women and their doctors, and the ideological agendas of politicians ought to have nothing to do with it. The legislation up for debate this week, based on yet another far-right cause, says the opposite. Amongst other problems, one of the proposals on offer this week would actually criminalize the practice of intensely personal healthcare. It would essentially say to doctors: Just throw out your training. Throw it away. Discard your medical judgment, and forget what is in the patient's best interest.

Rightwing politicians are going to call the shots in the exam room. Doctors who provide necessary medical treatment and care that can be life-saving could be thrown in jail if they run afoul of these new ideological government standards.

Now, this isn't a debate just here in the Senate. There have been hundreds of bills brought forward in States across the country restricting women's healthcare, including safe and legal abortion. Among the people hit hardest by these proposals are the millions of women in this country who are every single day walking an economic tight-rope. If they can't see the doctor they trust and if their local Planned Parenthood clinic is forced to shutter its doors because of these harsh new rules, they may not have anywhere else to turn to for vital healthcare. It is another way in which the far right and the Republican agenda supporting it goes back to the days when healthcare was really just for the healthy and the wealthy.

Bottom line: This debate is fundamentally about whether the government gets to control women's bodies. It is a dangerous, in my view, unconstitutional proposition that just throws in the garbage can decades of settled law. This Republican majority has proved that we can always find time here in the Senate to go after women's healthcare with ideological bills, regardless of what other healthcare challenges Americans are facing at home.

I guarantee that across this country right now there are persons lined up at