

are elements of our supply chains—pharmaceuticals and medical products and supplies in particular—that must be viewed through a national security lens and progressively brought back to this country to enhance safety and an adequate supply of supplies in times like this.

A second long-term question that has been raised for years by my Virginia colleague Senator WARNER deals with the new reality of how Americans work. Many of the people most affected by this shock would be part-time and gig workers. The safety-net mechanisms that our policies provide for full-time workers who get a W-2 every year are not as available to the increasing percentage of the American workforce who are in multiple part-time jobs without benefits or who work as independent contractors or are otherwise self-employed.

In addition to making sure that the economic relief package provides assistance to this large group of Americans, we have to examine our workforce policies so that these workers also have a social safety net to fall back on during times of crisis.

Finally, every American needs to do their part to confront this crisis. The best way to slow the spread of COVID-19 and minimize its impact to individuals, to our healthcare system, and to our economy is to adhere to science-based social distancing and personal hygiene recommendations in our everyday lives.

Because America is not an authoritarian nation, there are some options used by other nations that will not likely be used here. Our public health measures will depend upon the cooperation and adherence of every single person. Sacrifice is hard, but a modest sacrifice in the near term can help save the lives of people we love.

So I implore every Virginian and every American to follow the recommendations we get from our public health officials and find ways to safely reach out and connect with friends and family during this challenging time.

To my colleagues: We must rise to meet this challenge. This is one of the moments for which we were destined to be in the Senate. The people we serve are relying on us to calmly and promptly address a grave health crisis with the tools needed to keep families safe and protect the American economy. It is a serious responsibility. May we all live up to it.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mrs. BLACKBURN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

SECURING AMERICA'S MEDICINE CABINET

Mrs. BLACKBURN. Mr. President, we are continuing to roll out our response to the coronavirus and to this pandemic, and I want to encourage my colleagues to begin to think about how we move past this immediate crisis that we are in and begin to look toward what is going to happen in the future with our supply chains and our healthcare delivery systems.

As we talk about the problems that are before us today, let us not forget that 3 months from now, 6 months from now, a year from now, we need to be looking at today and say: Here were the lessons learned, and these are the steps that we have taken to make certain that it doesn't happen again.

What we have learned and what many Americans know is something that some of us started working on a couple of years back. It was looking at the fact that Americans and American drug manufacturers rely heavily on Chinese companies to produce active pharmaceutical ingredients, or APIs, as they are called. We also know that bad actors in China are poised to use that vulnerability as leverage and to use it as a way to disrupt and interrupt the supply chain of those active pharmaceutical ingredients coming into our country.

This is an issue that we cannot wait to address. This is something we need to do right now. That is why my colleague from New Jersey, Senator MENENDEZ, and I introduced the Securing America's Medicine Cabinet Act, or the SAM-C Act, as a way to encourage and increase American manufacturing of these active pharmaceutical ingredients.

Here is what it would do. It would expand upon the Emerging Technology Program, which is housed within the FDA, to prioritize issues related to national security and critical drug shortages and bring that pharmaceutical manufacturing out of China and back into the United States, not in 5 years or 10 years but now. It is something that we need to do right now.

In addition, the SAM-C Act authorizes \$100 million to develop centers of excellence for advanced pharmaceutical manufacturing in order to develop these innovations. These centers will be partnerships between institutes of learning and the private sector. Certainly, we have talked a lot about public-private partnerships and the necessity of them to move us through this crisis, and we have cheered as the President has brought private sector companies into the White House to work with him on addressing these issues.

One thing we have to realize—and why this is important that we do it now—is that the number of API manufacturing facilities in China is still growing. China has found a vulnerability in our system, and it is continuing to exploit that vulnerability. Although we don't yet know down to the precise

percentage how dependent we are on these Chinese APIs, we do know that the more Chinese products that flow into the United States, the more potential there is for trouble and the more vulnerable our supply chain is.

The bottom line is that, if we continue to rely on the Chinese to stay healthy, we will be doing so at our own peril. So I am asking my colleagues to join Senator MENENDEZ and me and support this legislation as a part of these coronavirus response efforts that we are making.

The spread of the Chinese coronavirus has put considerable strains on our healthcare delivery system. Primary care physicians are overbooked, and potential patients are afraid of going to clinics at all for fear of putting an elderly or a vulnerable person at risk. I am in daily contact with physicians' offices and nurses' practices. I am hearing from those who care for the elderly and from caregivers for those who have complex medical conditions, and this is a primary concern. For that reason, conversations here on Capitol Hill have turned toward boosting telehealth services in order to free up in-person appointments for those who need them the most.

I am so grateful that the Vice President and the coronavirus task force have made this a priority. We appreciate that. The coverage of these efforts has made telemedicine feel, to many, like a new concept, but thank goodness we started building the foundation to support healthcare technology years before COVID-19 spread beyond China's borders.

As just a little bit of history, back in 2015, when I was over in the House, I introduced the SOFTWARE Act, which was to eliminate redtape that was preventing innovation in healthcare delivery. The bill ended up being rolled into a piece of legislation called the 21st Century Cures Act, which we passed through the House in late 2015. In 2016, it cleared the Senate.

The SOFTWARE Act directs the FDA to come up with a more efficient way of approving healthcare software so it will not discourage innovation because, at that point, that is what we were beginning to see. The redtape would just pile up on the new concepts in delivery, and by the time one would get approved, a new generation of technology would begin to emerge.

SOFTWARE's provisions made it possible for regulators and the private sector to bring us a lot of new innovations. We have Teladoc, Noom, Fitbit, and hundreds of other healthcare applications that we carry on our mobile devices. We have also seen many hospitals conduct post-operation care to patients once they go home. They are entering their data on iPads that are specific to their surgeries, and those physicians are monitoring their care and recoveries. This push for responsible tech policy has gone hand in hand with efforts to bring broadband to rural and unserved areas.

Last year, I introduced the Internet Exchange Act, which enables these communities to support the high-speed internet connections that the telehealth software requires. Now, we all know that you cannot have access to 21st century healthcare or emergency response without having access to high-speed internet. These concepts go hand in hand. At a time when we are facing a global pandemic and the impact that this has on our country and our citizens, we know everyone needs that access and should be able to go in and access this care.

Last year, as part of a rural health agenda that my team and I developed in working with our State and local electeds, I introduced the Telehealth Across State Lines Act so that we could bring healthcare to the patient rather than always taking the patient to the healthcare. I am so appreciative that Administrator Verma, of CMS, is paying close attention to this and is working carefully to relax some of the rules.

Telehealth Across State Lines would lead to the creation of uniform national best practices for the provision of telemedicine across State lines. Second, it would set up a grant program to expand existing telehealth programs and incentivize the adoption of telehealth by Medicare and Medicaid—two things that are needed.

We have seen these gaps in access to care. This is one way we can make certain that everyone, during these times of a pandemic, has access to care. Anyone who has ever videoconferenced into a meeting—and I will tell you that my staff has been doing that with employers and with organizations and with citizens around our State—knows this is a game-changer during a time when people are not able to go in for meetings.

My support for telemedicine has been grounded in more than just convenience. The forethought behind this push for telemedicine was to ask: How do we make it more accessible? How do we make certain the care you are able to receive does not depend on the ZIP Code in which you live? Right now, as we are talking about testing and communicating with doctors and being curious as to if we have symptoms and how to treat symptoms, accessibility is so important.

What we have learned from the dangers posed by fears of the Wuhan, China, coronavirus and the spreading of this virus is that it has made us realize that, actually, telemedicine and access to telemedicine makes accessing healthcare safer in so many instances—for the elderly, for those who are homebound, for those with complex medical situations.

My colleagues will recall, during the first meeting that our conference had with the administration regarding the coronavirus response, I specifically asked officials with the Centers for Medicare and Medicaid Services to push for the temporary relief of section

No. 1135 regulations, which would prevent patients from taking advantage of telehealth services. Aren't we grateful that this has been lifted? I thank President Trump for green-lighting that. It is what you call a win for consumers who have a difficult time in getting to physicians' offices.

It is time for Medicaid and private health insurers to get on board and cover these telehealth services. For our private insurers, it will make it easier for those who are covered under their insurance plans to get to the care they need in a timely manner. For our State Medicaid officials, this will involve rethinking some of their licensures and other procedures. For insurance companies, it will involve making complex but responsible business decisions.

Let's remember we are all in this fight together against the coronavirus. We are in this fight together. It is up to us to find solutions as to how Americans are going to be able to access the care they need when they need it. We need to address these things immediately because this is no longer our just talking about convenience or our being able to call in to a meeting. The coronavirus has evolved into a global threat. Technology that can spare people from the risk of exposure should not be seen as a luxury or only available to a few. We have the tools we need to suppress the transmission of COVID-19 in the United States, and we have a plan to secure our pharmaceutical and our healthcare supply chains.

It is time to get it done. We are the United States of America. We can come together and respond to this attack by this virus. We can defeat it, and we can make certain there is a way to provide access to healthcare for all Americans regardless of the ZIP Codes in which they live.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BRAUN). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CRAMER). Without objection, it is so ordered.

PROVIDING EMERGENCY ASSISTANCE AND HEALTH CARE RESPONSE FOR INDIVIDUALS, FAMILIES, AND BUSINESSES AFFECTED BY THE 2020 CORONAVIRUS PANDEMIC

Mr. MCCONNELL. Mr. President, as our Nation confronts this health crisis and the economic crisis it is spawning, Senate Republicans have prepared a bold legislative proposal. I am officially introducing the Coronavirus Aid, Relief, and Economic Security Act. This legislation takes bold action on four major priorities that are extremely urgent and very necessary:

first, direct financial help for the American people; second, rapid relief for small businesses and their employees; third, significant steps to stabilize our economy and protect jobs; and fourth, more support for the brave healthcare professionals and the patients who are fighting the coronavirus on the frontlines.

Now, just yesterday, by an overwhelming vote, the Senate passed bipartisan legislation that originated with the Democratic House of Representatives. So I hope this bold, new proposal will find a similar degree of bipartisan respect and mutual urgency on the other side of the aisle and across the Capitol.

I look forward to working with our Democratic colleagues and the administration to complete this important work and to deliver for our country.

Here are the next steps. A group of my Republican colleagues is standing by to explain this legislation and talk with the group's counterparts: Chairman CRAPO and Senator TOOMEY from the Committee on Banking, Housing, and Urban Affairs; Chairman ALEXANDER from the Committee on Health, Education, Labor, and Pensions; Chairman GRASSLEY and Senator PORTMAN from the Committee on Finance; Chairman RUBIO from the Committee on Small Business and Entrepreneurship, as well as Senator COLLINS; Chairman WICKER from the Committee on Commerce, Science, and Transportation; and our majority whip, Senator THUNE. These will be our point people.

I invite all of their Democratic counterparts to join us at the table tomorrow. These are urgent discussions. They need to happen at a Member level, and they need to happen starting right now.

I might add that all Republican Senators, whether they are part of this group that I just mentioned or not, have been asked to stay in town. We are here. We are ready to act as soon as an agreement with our colleagues across the aisle can be reached. The administration has agreed to send the Secretary of the Treasury, the Director of the National Economic Council, and the White House Director of Legislative Affairs, and they will participate in these discussions, again, beginning tomorrow.

These bipartisan discussions must begin immediately and continue with urgency at the Member level until we have results. We know this legislation will not be the last word. Bipartisan, bicameral talks are already underway to act on the administration's request, in addition to this, for a supplemental appropriation, but we need to take bold and swift action as soon as possible.

We need to take further steps to continue addressing our Nation's healthcare needs, and we need to help protect American workers, families, and small businesses from this unique economic crisis that threatens to worsen with every single day. We need to have the American people's backs. This