Eric Garner. It would also ban no-knock warrants like the one the police used when they killed Breonna Taylor in her own bed.

Choke holds pose an unacceptable risk, and that risk is not borne equally. Black men are nearly three times more likely to be killed by police use of force than White men.

The use of no-knock warrants also disproportionately harms communities of color. The practice was popularized in the 1990s as a tool in the war on drugs so that officers pursuing drug charges could enter a person's home unannounced, with guns drawn, inherently and unnecessarily endangering their lives.

Communities and activists have been warning us about the inherent danger and injustice of choke holds and no-knock warrants for decades. It is long past time to end the debate and to ban these practices nationally, but experience has shown us that it is not enough to ban egregious practices. When Los Angeles banned choke holds in 1982, officers took up batons to beat and subdue civilians.

In 1991, the officers who beat Rodney King actually argued that their actions were necessary because they weren't permitted to use a choke hold, and those officers were never held fully accountable.

American policing resists reform and accountability, so it is not enough for us to ban the most dangerous practices; we need to set a national standard for police use of force. That is what the Justice in Policing Act does.

Today, the current standard in law asks only if an officer's use of force was reasonable, and this makes it nearly impossible to hold officers accountable because the system—a system designed to protect officers, not Black and Brown bodies—has built up decades of precedent excusing officers from the harm that they cause. So if we are serious when we say that Black lives matter, if we are serious about our commitment to equal justice, we need to hold police officers to a higher standard of care in their use of force. That is why the Justice in Policing Act would set a national use of force standard that asks whether the force was necessary and hold officers accountable for exhausting other options before resorting to violence.

The Justice in Policing Act would eliminate qualified immunity for law enforcement officers and reset the impossibly high standard for convicting law enforcement officers of a crime. Today, our system effectively puts cops above the law by insulating them from civil and criminal liability when they violate the rights of those who they are sworn to serve. No one should be shielded from accountability for their actions in a free society.

When we change these rules, we will finally be able to provide long denied justice for victims of police brutality, their families, and their communities. But we will also be able to prevent such brutality in the first place.

When law enforcement officers believe that they will never face consequences for crossing the line, they will continue to ignore that line. The Justice in Policing Act will begin to make this change.

The House is poised to pass the Justice in Policing Act next week, and I urge this Senate to take it up. Let's debate it, and let's pass it.

We are at a crossroad, and we cannot fail to act. Four hundred years of structural racism cannot be erased by a single piece of legislation or with a single generation of legislators, but passing this bill is a crucial step toward ending the killing and the violence against communities of color. It is a necessary step on the path toward racial justice.

The path toward justice leads us toward transformative changes to redefining the role of policing in America. Reimagining policing means recognizing that not every social ill and every emergency is answered by calling in the armed officers. We have other better and more effective tools when dealing with the hurt of mental illness, of substance abuse, of homelessness, of economic insecurity. Reimagining policing means asking whether outfitting officers with military-grade weapons and equipment makes it safer—or does it escalate conflict and violence and encourage officers to see the communities they serve as hostile enemies?

Reimagining policing means addressing the overpolicing of communities of color. It means that we ask questions about whether anyone is really safer when we surveil neighborhoods, searching for possible violations. This only feeds the system of mass incarceration.

Reimagining policing means that we reassess our criminal code, our justice system, and our sentencing laws that irrevocably disrupt lives and communities for minor offenses with minimal impacts on public safety.

Above all, reimagining policing means recognizing that our current system is not inevitable; it is the result of thousands and thousands of policy choices made over, literally, hundreds of years, designed to control and punish Black and Brown and indigenous communities—choices that compound injustice and unequal opportunity.

As we imagine a new way forward, we need to face some uncomfortable truths about the history of policing in our country. We can, and we must, make different choices this time. We know better, and we have to do better.

I want to close by thanking the community leaders and young activists who are showing us the path forward. This path requires us to be courageous. It requires us to be humble. It requires us to be uncomfortable. It requires us to listen. But it is a path rooted in love and in trust and in hope.

I am committed to walking this path with my constituents, and I am hopeful that my colleagues and my fellow American citizens will join me.

Thank you.

The PRESIDING OFFICER. The Senator from Tennessee.

TELEHEALTH

Mr. ALEXANDER. Madam President, it is hard to think of much good that has come out of the 3-month experience with COVID–19, but here is one thing: the number of patients who have seen their doctors remotely through the internet, FaceTime, and all of the other remote technologies we have, including the telephone. We call that telehealth.

Our Health Committee this morning had a fascinating hearing on telehealth. There was a lot of bipartisan interest from the Senators—Democrat and Republican Senators. The Senator from Minnesota was the ranking member of the committee today at the request of Senator MURRAY. My sense at the end of the hearing was that there were a number of things we agreed on.

I ask unanimous consent that my opening statement at the hearing today be included in the RECORD following my remarks.

My colleague, the Senator from Tennessee who is presiding today, and I both know Tim Adams, who is the CEO of the Saint Thomas hospital system in Middle Tennessee.

He told me on the phone last week that Saint Thomas employs about 800 physicians in its several hospitals. During the month of February, there were 60,000 visits between physicians and patients in the Saint Thomas system. Only 50 of those 60,000 were by telehealth, were remote. But during the 2 months of March and April, Ascension Saint Thomas conducted more than 30,000 telehealth visits. That is 50 to 30,000—more than 45 percent of all of the visits between patients and doctors during that time.

Tim Adams expects that to level off, but there will still be probably 15 to 20 percent of all of Saint Thomas 60,000 visits a month by telehealth.

I talked to the CEO of the largest hospital in San Francisco a few weeks ago, and he said that during February, about 5 percent of their visits between doctors and patients were telehealth. He said that was a very high percentage for a hospital. But in March, it was more than half, more than 50 percent.

Think about that for just a moment. There were 884 million visits in 2016 between doctors and patients, according to the Centers for Disease Control. If 15 to 20 to 25 percent of those were suddenly by telehealth instead of in-office visits, that would mean hundreds of millions of visits a year would be by telehealth. It is hard for me to imagine that there has been a bigger change in the delivery of healthcare services in recent history or maybe in our country's history than the sudden shift to telehealth in visits between patients and doctors.

Telehealth has been around for a long time. Our witnesses testified to that. We had some excellent witnesses. Dr. Rheuban from the University of Virginia; Dr. Kvedar from Harvard, who is

the new president of the American Telemedicine Association; Dr. Arora, who is the founder of Project ECHO, which is well known across the country; and Dr. Andrea Willis, who is the chief medical officer of Blue Cross Blue Shield of Tennessee, which apparently is the first major insurance company to say that it will insure telehealth visits in the same way that it insures other visits.

What I recommended following the hearing was that two of the policy changes—which I judge to be the two most important changes in policy that the Federal Government made—be made permanent.

The first is that physicians can be reimbursed for a telehealth appointment wherever the patient is, including the patient's home. That would change the originating site rule, as it is called.

The second is that Medicare, during COVID–19, has begun to reimburse providers for nearly twice as many types of telehealth services. That rule, those changes, I believe, also should be made permanent.

What has happened is that we have had an incredible pilot program on telehealth. We have crammed 10 years of experience into 3 months, and we have a rare opportunity to look at the 3 months of experience and make a decision about what works, what doesn't work, and right the rules of the road for the future.

It is not just the Federal Government changing, I think, a total of 31 different policies, all of which we should examine, but States have made some changes too. Those changes involve allowing individuals to cross State lines more easily to get appointments with doctors with whom they need to talk.

Then the private sector is beginning to change too. I don't know of other insurance companies that have done what Tennessee Blue Cross Blue Shield did, but I know there will be some who decide on their own to begin to move to cover those services.

Senator BRAUN and Senator CASSIDY on our committee brought up the point that we want to watch carefully to see that we are not just adding to the cost of healthcare by telehealth; in fact, we ought to have an opportunity to reduce it. Our goal is always, when delivering healthcare services, to have as an objective a better outcome, a lower cost, and a better patient experience. It may very well be possible that telehealth not only improves the patient experience—we have had very few complaints about the experience of that—and improves the outcomes, but it may also lower costs, which is a major objective of our committee.

Last week, 10 days ago, I issued a white paper about the changes I thought we needed to make—Congress needs to make—so that we could be well prepared for the next pandemic after COVID–19, the one we know will surely come. We don't know when, we don't know what the name of the virus will be, but we know it will come, and we need to take a number of steps to be as well prepared for that virus as we can.

Whether its accelerating treatments and testing and finding a vaccine or collecting data in a different way or better coordination of Federal officials, all of those things are part of what we need to examine, and we need to do that this year—this year—because our attention spans are short in this country. We move on quickly to the next crisis. While COVID–19 is fresh on our minds, we should do whatever we need to do to get ready for the next crisis. We should do those things this year.

Among those things we need to do this year is to make permanent the changes in Federal policy on telehealth that allowed this explosion of doctor and patient meetings by remote visits. People have been trying to think of ways to do this for a long time. Unfortunately, it took a pandemic to cause it to happen. Now, while we can see the result, make sure we don't have unintended consequences that are unfortunate. While we are doing that, we need to make those changes.

So I recommend to my colleagues, the testimony from our excellent witnesses this morning. There were 884 million doctor-patient visits in 2016 in the United States, and very few of them were by telehealth. In the future, the estimates are there could be as many as 20, 25, 30 percent of all of them, hundreds of millions of doctor-patient visits, by telehealth. That most likely is the largest change in the delivery of medical services that our country has ever seen.

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

OPENING STATEMENT

TELEHEALTH: LESSONS FROM THE COVID–19 PANDEMIC—JUNE 17, 2020

I spoke recently with Tim Adams, the CEO of Ascension Saint Thomas Health, which has 9 hospitals in Middle Tennessee and employs over 800 physicians, who told me that in February before COVID–19, there were about 60,000 visits between patients and physicians each month.

Almost all of those visits were done in person. Only about 50 were done remotely through telehealth using the internet.

But during the last two months, Ascension Saint Thomas conducted more than 30,000 telehealth visits—or around 45 percent of all its visits—because of changes in government policy and the inability of many patients to see doctors in person during the COVID–19 pandemic.

Tim Adams expects that to level off at 15–20 percent of all its visits going forward.

The largest hospital in San Francisco told me that 5 percent of its visits in February were conducted through telehealth—and the hospital considered that to be a very high number. Then in March, telehealth visits made up more than half of all its visits.

Because of COVID–19, our health care sector and government have been forced to cram 10 years' worth of telehealth experience into just the past three months.

As dark as this pandemic event has been, it creates an opportunity to learn from and act upon these three months of intensive telehealth experiences, specifically what permanent changes need to be made in federal and state policies.

In 2016, there were almost 884 million visits nationwide between patients and physicians, according to the Centers for Disease Control and Prevention. If, as Tim Adams expects, 15–20 percent of those were to become remote due to telehealth expansion during COVID–19—that would produce a massive change in our health care system.

Our job should be to ensure that change is done with the goals of better outcomes and better experiences at a lower cost.

Part of this explosion in remote meetings between patients and physicians has been made possible by temporary changes in federal and state policies. The private sector, too, has made important changes. One purpose of this hearing is to find out which of these temporary changes in federal policy should be maintained, modified, or reversed—and also to find out if there are any additional federal policies that would help patients and health care providers take advantage of delivering medical services using telehealth.

Of the 31 federal policy changes, the three most important are:

1. Physicians can be reimbursed for a telehealth appointment wherever the patient is, including in the patient's home. That change was to the so-called ''originating site'' rule, which previously required that the patient live in a rural area and use telehealth at a doctor's office or clinic.

2. Medicare began to reimburse providers for nearly twice as many types of telehealth services, including: emergency department visits, initial nursing facility visits and discharges, and therapy services.

3. Doctors are allowed to conduct appointments using common video apps on your phone, like Apple FaceTime, or phone texting apps, or even on a landline call, which required relaxing federal privacy and security rules from the Health Insurance Portability and Accountability Act, or HIPAA.

Many states made changes as well, most importantly making it easier for doctors to continue to see their patients who may have traveled out of state during the pandemic.

For example, a college student from Memphis, who attends college in North Carolina and has a doctor she sees in Chapel Hill, was able to go home to Tennessee during the pandemic and continue seeing her Chapel Hill doctor by FaceTime. Or, a patient in Iowa has been able to start seeing a new psychiatrist in Nashville.

The private sector adapted to these changes, too. One of our witnesses today is from Blue Cross Blue Shield of Tennessee, which has already begun to make permanent adjustments to its telehealth coverage policies based on some of the temporary federal changes in Medicare.

Looking forward, of the three major federal changes, my instinct is that the originating site rule change and the expansion of covered telehealth services should be made permanent.

One purpose of this hearing is to hear from the experts and discuss whether there may be unintended consequences, positive or negative, if Congress were to do that.

It's also important to examine the other 28 temporary changes in federal policy.

The question of whether to extend the HIPAA privacy waivers should be considered carefully. There are privacy and security concerns about the use of personal medical information by technology platform companies, as well as concerns about criminals hacking into these platforms. When HIPAA notification requirements are waived, a person might not even know that their personal information has been accessed by hackers.

Additionally, several of these technology platforms have said they want to adjust their platforms to conform with the HIPAA rules.

Another lesson from these three months is that telehealth or teleworking or tele-learning is not always the answer, especially for people in rural areas or low-income urban areas who do not have access to broadband.

And still another lesson is that personal relationships involved in health care, education, and the workplace cannot always be replaced by remote technology. Children have learned about all they want to learn over the internet, patients like to see their doctors, and workplaces benefit from employees actually talking and working with one another in person. There are some limits on remote learning, health care, and working.

There are obvious benefits to allowing health care providers to serve patients across state lines during a public health crisis. As a former governor, I am reluctant to override state decisions, but it may be possible to encourage further participation in interstate compacts or reciprocity agreements.

Last week I released a white paper on steps that Congress should take before the end of the year in order to get ready for the next pandemic. One of those recommendations was to make sure that patients do not lose the benefits that they have gained from using telehealth during the COVID–19 pandemic.

Even with an event as significant as COVID–19, memories fade and attention moves quickly to the next crisis, so it is important for Congress to act on legislation this year.

Because of this 10 years of telehealth experience crammed into 3 months—patients, doctors, nurses, therapists, and caregivers can write some new rules of the road, and should do so while the experiences still are fresh on everyone's minds.

Mr. ALEXANDER. 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.

Mr. SCOTT of Florida. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

The PRESIDING OFFICER. The Senator from Florida.

THE COOL ONLINE ACT

Mr. SCOTT of Florida. Madam President, I rise today to encourage all Americans to join the fight to support our Nation and our jobs and stand up against the growing threat of Communist China. I have been saying it for months, but the best way each and every one of us can make a difference is to buy American products whenever possible. It is time we addressed the new Cold War occurring between the United States and the Chinese Communist Party and be crystal clear about the negative impacts of continuing to buy Chinese-made products.

Communist China is stealing American jobs and technology and spying on our citizens. Data collected by Chinese companies is shared with the Communist Government of China, which is focused solely on global domination. Xi, the General Secretary of the China Communist Party, is a dictator and human rights violator who is denying basic rights to the people of Hong Kong, cracking down on dissidents, militarizing the South China Sea, and imprisoning more than 1 million Uighurs in internment camps simply because of their religion.

The coronavirus pandemic should be the last straw. We can no longer rely on other countries like Communist China for our critical supply chain. Washington politicians have been too concerned with short-term political success and have long ignored the long-term threats to our way of life.

It is time for action. Now, more than ever, Americans must remember that every time we buy a product made in China, we are putting another dollar into the pockets of the people who steal our technology, deny people their basic human rights, and are propping up dangerous dictators like Maduro in Venezuela.

I am proud to lead my colleagues in a bipartisan resolution calling on Americans to buy products made in the United States whenever possible. Buying American is not partisan, and I am glad my colleagues on both sides of the aisle are coming together to encourage Americans to take a stand.

I know it is not always easy, but it is an important step we can all take at home to support American jobs, American producers, and American manufacturers and help build up the U.S. supply chain.

I am also working with Senator BALDWIN to pass our COOL Online Act, which will make sure all goods sold online list their country of origin to create more transparency for American consumers.

In my State, we take immense pride in products made in Florida. It is a driving force that led to our incredible economic turnaround. A return to this pride in homegrown businesses ensures America remains strong and the undisputed leader in the global economy. We must all do our part to support our Nation and make it clear to Communist China that the United States will not stand for their behavior.

I am committed to supporting American businesses over Chinese products. I hope my colleagues will join me.

The PRESIDING OFFICER (Mr. CRAMER). The Senator from Tennessee.

PROTESTS

Mrs. BLACKBURN. Mr. President, for more than 200 years, the American people have exercised their right to petition the government for a redress of grievances. We understand how very vitally important it is for each of us to have that right to petition our government, to have our say.

But just as we learned from our moms and dads when we were kids, there is a right way and there is a wrong way to get things done when we feel that, in our opinion, the government has fallen short. I would understand if this differentiation between right and wrong sometimes causes confusion because, although the American people are united in their desire for justice and equality, that sense of unity, they feel, is under attack.

Over the past few weeks, we watched thousands of protesters peacefully march in the memory of George Floyd and countless other Black Americans who have been killed—who have lost their lives at the hands of law enforcement. Sometimes these protests are vigils, and they are very quiet. There are other times they fill the streets and they are a bit disruptive and they demand accountability from their government in a way that has really captured the attention of the entire world.

On the other side, however, we have watched professional agitators who have come into some of these protests, and then they have turned them into riots. The self-prescribed culture warriors silence anyone and anything that deviates from their own chosen narrative, and that is very unfortunate.

The paths we take to achieve our desired outcomes are informed by the goals we have, not the other way around. This is why we must question the goals of those whose activism has taken a repressive turn because peaceful protest is an essential element of addressing government. That is how you achieve change. That is how you get people with you and working with you. It is a part of who we are.

This absolute protection against suppression in any form makes the recent dismantling of meaningful public discourse all the more disturbing because as you look back through our Nation's history, you realize freedom and freedom's cause has been well served by robust, respectful, bipartisan debate—hearing all voices.

Do you remember how sometimes we would joke about the cancel culture because it was the product of social media influencers and overenthusiastic fan clubs? What we see now is that has taken hold of the entertainment industry, corporations, and editorial boards. Outrage manufactured along partisan lines dominates every news cycle, all in an intentional and targeted effort to divide the American people and, thereby, what would that do? It destroys our cultural identity. If this isn't what chilling speech looks like, then I don't know what does.

I would like to be able to say this body stands united against this wave of malice or that I am confident we have demonstrated a commitment to real reform, but I fear that we have not yet arrived at that place. In spite of everything, in spite of it being clear that those who seek to divide and destroy this country are working just as hard as those who seek to unite it, other priorities remain in play. This has become especially evident today.

JUSTICE ACT

Last week, my friend and colleague Senator TIM SCOTT from South Carolina announced that he was leading a working group with the goal of drafting a comprehensive police reform bill.