Public Works and Economic Development Act of 1965 to provide for the release of certain Federal interests in connection with certain grants under that Act, and for other purposes.

S. 4085

At the request of Ms. ERNST, the name of the Senator from North Dakota (Mr. CRAMER) was added as a cosponsor of S. 4085, a bill to make certain States and political subdivisions of States ineligible to receive Federal finance assistance, and for other purposes.

S. 4100

At the request of Mr. MURPHY, the names of the Senator from Wisconsin (Ms. BALDWIN), the Senator from Connecticut (Mr. BLUMENTHAL), the Senator from New Jersey (Mr. BOOKER), the Senator from Ohio (Mr. BROWN), the Senator from Pennsylvania (Mr. CASEY), the Senator from Illinois (Ms. DUCKWORTH), the Senator from Illinois (Mr. DURBIN), the Senator from New York (Mrs. GILLIBRAND), the Senator from California (Ms. HARRIS), the Senator from Virginia (Mr. KAINE), the Senator from Maine (Mr. KING), the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Massachusetts (Mr. MARKEY), the Senator from Oregon (Mr. MERKLEY), the Senator from Rhode Island (Mr. REED), the Senator from New Hampshire (Mrs. SHAHEEN), the Senator from Minnesota (Ms. SMITH) and the Senator from Massachusetts (Ms. WARREN) were added as cosponsors of S. 4100, a bill to support children with disabilities during the COVID–19 pandemic.

S. 4150

At the request of Mr. REED, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 4150, a bill to require the Secretary of the Treasury to provide assistance to certain providers of transportation services affected by the novel coronavirus.

S. 4152

At the request of Mr. HOEVEN, the names of the Senator from Michigan (Mr. PETERS) and the Senator from Montana (Mr. TESTER) were added as cosponsors of S. 4152, a bill to provide for the adjustment or modification by the Secretary of Agriculture of loans for critical rural utility service providers, and for other purposes.

S. 4174

At the request of Ms. COLLINS, the names of the Senator from Colorado (Mr. GARDNER) and the Senator from Arizona (Ms. SINEMA) were added as cosponsors of S. 4174, a bill to provide emergency appropriations to the United States Postal Service to cover losses related to the COVID–19 crisis and to direct the Board of Governors of the United States Postal Service to develop a plan for ensuring the long term solvency of the Postal Service.

S. 4186

At the request of Mr. COONS, the names of the Senator from Arkansas (Mr. BOOZMAN), the Senator from California (Ms. HARRIS), the Senator from Iowa (Mr. GRASSLEY) and the Senator from Maryland (Mr. VAN HOLLEN) were added as cosponsors of S. 4186, a bill to provide grants to States that do not suspend, revoke, or refuse to renew a driver's license of a person or refuse to renew a registration of a motor vehicle for failure to pay a civil or criminal fine or fee, and for other purposes.

S. 4258

At the request of Mr. CORNYN, the names of the Senator from North Dakota (Mr. CRAMER), the Senator from Illinois (Mr. DURBIN), the Senator from Montana (Mr. DAINES), the Senator from New Hampshire (Mrs. SHAHEEN) and the Senator from Alabama (Mr. JONES) were added as cosponsors of S. 4258, a bill to establish a grant program for small live venue operators and talent representatives.

S. 4295

At the request of Mr. PAUL, the name of the Senator from Alabama (Mr. JONES) was added as a cosponsor of S. 4295, a bill to amend title XVIII of the Social Security Act to ensure access to certain drugs and devices under the Medicare program.

S. 4308

At the request of Ms. SINEMA, the names of the Senator from California (Mrs. FEINSTEIN) and the Senator from Arizona (Ms. MCSALLY) were added as cosponsors of S. 4308, a bill to amend the Social Security Act to include special districts in the coronavirus relief fund, to direct the Secretary to include special districts as an eligible issuer under the Municipal Liquidity Facility, and for other purposes.

S. 4310

At the request of Mr. WARNER, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 4310, a bill to prohibit in-person instructional requirements during the COVID–19 emergency.

S. 4317

At the request of Mr. CORNYN, the names of the Senator from Mississippi (Mrs. HYDE-SMITH) and the Senator from Indiana (Mr. YOUNG) were added as cosponsors of S. 4317, a bill to lessen the burdens on interstate commerce by discouraging insubstantial lawsuits relating to COVID–19 while preserving the ability of individuals and businesses that have suffered real injury to obtain complete relief.

S. 4328

At the request of Mr. SCHUMER, the names of the Senator from Delaware (Mr. COONS) and the Senator from Michigan (Mr. PETERS) were added as cosponsors of S. 4328, a bill to require the Comptroller General of the United States to conduct a study and report on data quality, sharing, transparency, access, and analysis.

S. RES. 509

At the request of Mr. TOOMEY, the name of the Senator from Nebraska (Mrs. FISCHER) was added as a cosponsor of S. Res. 509, a resolution calling upon the United Nations Security Council to adopt a resolution on Iran that extends the dates by which Annex B restrictions under Resolution 2231 are currently set to expire.

S. RES. 656

At the request of Mrs. LOEFFLER, her name was added as a cosponsor of S. Res. 656, a resolution recognizing the importance of the blueberry industry to the United States and designating July 2020 as ''National Blueberry Month''.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTION

By Mr. ALEXANDER:

S. 4375. A bill to amend title XVIII of the Social Security Act to make permanent certain telehealth flexibilities under the Medicare program related to the COVID–19 public health emergency; to the Committee on Finance.

Mr. ALEXANDER. Mr. President, I want to speak for a few minutes about the changes to telehealth during the last five months—one of the most dramatic developments in the delivery of medical services ever—and why we in Congress should make many of those changes permanent.

I recently heard from a psychiatric nurse practitioner in Nashville who has been seeing patients during the COVID–19 pandemic using telehealth—which means she uses the Internet to see her patients over video or she calls them on the telephone.

She told me about one of her elderly patients who, before the COVID–19 pandemic, got to her appointments by walking from her high-rise apartment to Gallatin Road, catching a bus, and then walking from the bus stop to the clinic.

When the patient got to the clinic, she had to wait for her appointment. Then, when the appointment was over, she had to do all of these steps in reverse to get back home.

Because of telehealth, this nurse said that her patient was in tears out of appreciation that she could now have appointments from her own home. She had access to health care without the long journey, and she could still receive her medications.

The nurse said that several of her other elderly patients have had similar experiences and have asked if they could continue to have access to telehealth in the future, even after the pandemic.

Because of COVID–19, the health care sector and federal and state governments have been forced to cram 10 years' worth of telehealth experience into almost 5 months. In 2016, there were almost 884 million visits nationwide between patients and physicians, according to the Center for Disease Control and Prevention. Almost all of them were in person—online or remote visits were rare.

During the last four months, the number of online or remote visits virtually exploded. According to Vanderbilt University Medical Center, Vanderbilt went from 10 telehealth visits a

day before the pandemic to more than 2,000 telehealth visits a day across specialties, including primary care, pediatrics, and behavioral health. In less than 3 months, Vanderbilt has provided more than 100,000 telehealth visits.

Before COVID–19, approximately 13,000 Americans enrolled in the traditional Medicare program received telehealth services in an average week. In the last week of April, nearly 1.7 million Americans enrolled in traditional Medicare received telehealth services.

In total, over 9 million Americans in traditional Medicare received a telehealth service between mid-March and mid-June.

The Nashville Journal reports that Tennessee's Centerstone, which provides treatment for mental health and substance use disorders, says it is providing nearly 2,500 telehealth visits per day and 30 percent more of patients are keeping their appointments, which is key to treating these disorders. According to Bob Vero, Centerstone's CEO, ''We've taken away a lot of the reasons people don't follow through with their care.''

Tim Adams, the CEO of Ascension Saint Thomas Health, which has 9 hospitals in Middle Tennessee and employs over 800 physicians, told me that he predicts that 15–20 percent of the system's visits between patients and physicians will be conducted through telehealth in the future.

In that 15 to 20 percent holds true across the Nation because of telehealth expansion during COVID–19—it would produce a massive change in our health care system.

Congress and the administration reacted to the pandemic by creating a regulatory environment that made the current telehealth boom possible by allowing: in-home virtual visits; telehealth for patients in rural areas at rural health clinics; telehealth from physical therapists, speech language pathologists and other providers; telehealth for many more services including emergency department visits; and allowing Medicare hospice and home dialysis patients to start their care with a virtual visit.

Now Congress is beginning to build on what we've learned and make those changes permanent. Here are three steps Congress should take now, as a part of the COVID–19 legislation that we are working on:

Step One is to pass the COVID–19 HEALS Act legislation that was introduced Monday, which:

Provides telehealth access to part-time and hourly employees; extends the administration's telehealth flexibilities and waivers through the end of the Public Health Emergency, or through 2021; and allows Rural Health Clinics and Federally Qualified Health Centers to continue to provide telehealth to Medicare beneficiaries for 5 years beyond the public health emergency.

Step Two is to pass the CONNECT for Health Act. That legislation explores ways to expand telehealth services and begins to permanently remove some of the restrictions on where a patient needs to be for telehealth access. The bill is already supported by a broad coalition in the Senate and the House.

Here in the Senate, the CONNECT for Health Act has been led by Senators ROGER WICKER (R–MS), BRIAN SCHATZ (D–HI), CINDY HYDE-SMITH (R–MS), BEN CARDIN (D–MD), JOHN THUNE (R–SD), and MARK WARNER (D–VA)—and today the bill has 38 cosponsors in the Senate.

This bill was first introduced in 2016 and these senators deserve great credit for seeing the need to expand permanently telehealth services even before the pandemic forced a massive change in how Americans receive health care from their doctors.

Step Three would be to pass the bill I'm introducing today which would go further than either of those first two steps and would make permanent in-home visits and rural telehealth access. The bill would also give the Secretary authority to make permanent other changes that the Administration has made over the last few months.

Here's what the bill being introduced today does:

Ensures that patients can access telehealth anywhere by permanently removing Medicare's so-called ''geographic and originating site'' restrictions, which required both that the patient live in a rural area and use telehealth at a doctor's office or clinic.

Congress temporarily ended these restrictions in the Coronavirus Preparedness and Response Supplemental Appropriations Act that was signed into law on March 6, allowing millions of Americans to talk with their doctor virtually during the pandemic.

Making this change permanent will ensure Medicare beneficiaries do not lose that ability when the pandemic ends.

Protects access to telehealth for patients in rural areas. The bill makes permanent a change allowing Medicare beneficiaries to continue receiving telehealth services from Rural Health Clinics or Federally Qualified Health Centers.

Telehealth access is especially important for patients in rural and other medically underserved areas because they no longer have to travel to see their primary care doctor.

Those are two changes that this bill would make permanent.

Then it would give the Secretary of Health and Human Services new authorities to do these three things:

Help patients continue to access telehealth from physical therapists, speech language pathologists, and other health care providers.

The bill gives authority to the Secretary of Health and Human Services to allow Medicare to permanently expand the types of health care providers that can offer telehealth services.

Before COVID–19, only doctors, nurse practitioners, physician assistants, and certain other practitioners could deliver telehealth services.

Today a much wider range of health practitioners are providing telehealth services.

Help give Medicare recipients many more telehealth services.

The bill gives authority to the HHS Secretary to give Medicare the flexibility to reimburse for more telehealth services.

During the pandemic, Medicare has been reimbursing for 135 telehealth services, more than doubling the number of telehealth services covered before COVID–19. Examples include emergency department visits, home visits, and physical, occupational and speech therapy services. Help Medicare hospice and home dialysis patients begin receiving care through a telehealth appointment.

Medicare requires a face-to-face visit when a patient begins hospice and home dialysis care, and this change would provide authority to the HHS Secretary to allow a telehealth visit to fulfill the requirement for an in-person visit. This will provide flexibility to improve access for these patients and account for individual circumstances. This legislation is the result of the Senate Health, Education, Labor and Pensions Committee hearing on June 17, during which senators asked health care experts about the 31 temporary Federal policy changes made in response to the COVID–19 pandemic.

The legislation I am introducing today incorporates the recommendations of those experts to make permanent 5 of the most important changes—and helps to ensure that patients do not lose the benefits that they have gained from using telehealth during the COVID–19 pandemic.

This bill would make permanent the telehealth changes in the legislation introduced Monday as well as the CONNECT for Health Act. The best result for the American people would be for Congress to approve all three steps—the changes in the HEALS Act, the CONNECT for Health Act, and my legislation—in the next COVID–19 package so we don't miss the opportunity to support and encourage one of the most important changes in the delivery of medical services ever.

By Mr. KAINE:

S. 4390. A bill to establish a grant program to support schools of medicine and schools of osteopathic medicine in underserved areas; to the Committee on Health, Education, Labor, and Pensions.

Mr. KAINE. Mr. President, communities of color and those living in rural and underserved area face significant barriers to healthcare, including physician shortages. Unfortunately, in many communities of color and rural areas, there are few pathways to enter the medical profession. Recent data shows that while medical school enrollment

is up by 30 percent, the number of students from rural areas entering medical school declined by 28 percent between 2002 and 2017, with only 4.3 percent of all incoming medical students coming from rural areas in 2017. Similarly, Black, Hispanic/Latino, and Native American students face several barriers to matriculate and graduate from medical school. This exacerbates the barriers to care and the disparities in health outcomes that these communities experience. It is critical that we expand the diversity of our physician workforce to tackle the rampant disparities and systemic biases within our healthcare system.

This is why I am introducing the Expanding Medical Education Act, which aims to tackle the lack of representation of rural students, underserved students, and students of color in the physician pipeline by encouraging the recruitment, enrollment, and retention of students from disadvantaged backgrounds. The bill would provide grants through the Health Resources and Services Administration, HRSA to colleges and universities to establish or expand allopathic or osteopathic medical schools in underserved areas or at minority-serving institutions, including historically Black colleges and universities, HBCU. These grants can be used for planning and construction of a medical school in an area in which no other school is based; hiring diverse faculty and staff; recruitment, enrollment, and retention of students; and other purposes to ensure increased representation of rural students, underserved students, and students of color in our physician workforce.

Our rural communities and communities of color face significant challenges in access to healthcare. It is time our physician workforce reflected these communities. We need to diversify our physician pipeline and change the disparity in representation, and this bill will help get us there. I hope the Senate passes this legislation quickly to expand the diversity of the medical profession and to take a step towards improved access to care for our marginalized communities.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 664—DESIGNATING THE WEEK OF SEPTEMBER 20 THROUGH SEPTEMBER 26, 2020, AS ''GOLD STAR FAMILIES REMEMBRANCE WEEK''

Mrs. HYDE-SMITH (for herself, Mr. JONES, Mr. BRAUN, Ms. ROSEN, Mr. HOEVEN, Mr. VAN HOLLEN, Ms. WARREN, Mr. CRUZ, Mr. YOUNG, and Ms. ERNST) submitted the following resolution; which was considered and agreed to:

S. RES. 664

Whereas the last Sunday in September—

(1) is designated as ''Gold Star Mother's Day'' under section 111 of title 36, United States Code; and

(2) was first designated as ''Gold Star Mother's Day'' under the Joint Resolution entitled ''Joint Resolution designating the last Sunday in September as 'Gold Star Mother's Day', and for other purposes'', approved June 23, 1936 (49 Stat. 1895);

Whereas there is no date dedicated to families affected by the loss of a loved one who died in service to the United States;

Whereas a gold star symbolizes a family member who died in the line of duty while serving in the Armed Forces;

Whereas the members and veterans of the Armed Forces, through their service, bear the burden of protecting the freedom of the people of the United States;

Whereas the selfless example of the service of the members and veterans of the Armed Forces, as well as the sacrifices made by the families of those individuals, inspires all individuals in the United States to sacrifice and work diligently for the good of the United States; and

Whereas the sacrifices of the families of the fallen members of the Armed Forces and the families of veterans of the Armed Forces should never be forgotten: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of September 20 through September 26, 2020, as ''Gold Star Families Remembrance Week'';

(2) honors and recognizes the sacrifices made by—

(A) the families of members of the Armed Forces who made the ultimate sacrifice in order to defend freedom and protect the United States; and

(B) the families of veterans of the Armed Forces; and

(3) encourages the people of the United States to observe Gold Star Families Remembrance Week by—

(A) performing acts of service and good will in their communities; and

(B) celebrating families in which loved ones made the ultimate sacrifice so that others could continue to enjoy life, liberty, and the pursuit of happiness.

SENATE RESOLUTION 665—REAFFIRMING THE STRATEGIC PARTNERSHIP BETWEEN THE UNITED STATES AND MONGOLIA AND RECOGNIZING THE 30TH ANNIVERSARY OF DEMOCRACY IN MONGOLIA

Mr. SULLIVAN (for himself and Mr. CARDIN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 665

Whereas the United States and Mongolia established diplomatic relations in January 1987, and since that time the relationship has grown stronger based on shared strategic interests, security cooperation, democratic values, good governance, and respect for human rights;

Whereas, since its peaceful democratic revolution in 1989, through a series of initiatives, Mongolia has charted a successful path to multiparty democracy and a free market economy;

Whereas, in 1990, the Government of Mongolia declared an end to a one-party, authoritarian, political system and adopted democratic and free market reforms;

Whereas, in 1992, Mongolia adopted a constitution establishing a parliamentary democracy, becoming the first country in Asia to transition from communism to democracy;

Whereas Mongolia has shown its commitment to a ''third neighbor'' relationship with the United States by sending troops to support United States operations in Iraq from 2003 through 2008 and Afghanistan since 2009, and Mongolia has a strong record of troop contributions to international peacekeeping missions;

Whereas successive Mongolian governments have taken notable steps to strengthen civil society, battle corruption, and spur economic development;

Whereas the Parliament of Mongolia, the State Great Khural, has engaged with Congress, including through the House Democracy Partnership, thereby promoting responsive and effective governance through peer-to-peer cooperation;

Whereas Mongolia began as a partner to the Organization for Security and Co-operation in Europe (OSCE) in 2004, graduated to become a participating state in 2012, and participates actively in the work of the OSCE for stability, peace, and democracy;

Whereas Mongolia has regularly invited the OSCE and other organizations to send monitoring teams for its presidential and parliamentary elections;

Whereas Mongolia has also been an active member of the Community of Democracies (CoD), a global coalition of states that support adherence to common democratic values and standards, and Mongolia has not only remained active since the founding of the CoD in 2000, but successfully chaired the CoD from 2011 through 2013;

Whereas, in addition to supporting the OSCE and CoD, Mongolia supports democratic initiatives while participating in a wide range of other global institutions;

Whereas, most recently, on June 24, 2020, Mongolia successfully organized parliamentary elections, strengthening its commitment to democracy and the rule of law;

Whereas the success of Mongolia as a democracy and its strategic location, sovereignty, territorial integrity, and ability to pursue an independent foreign policy are highly relevant to the national security of the United States;

Whereas the United States has provided support to Mongolia through the Millennium Challenge Corporation through an initial compact signed in 2007 designed to increase economic growth and reduce poverty and a second compact signed in 2018 involving investments in water infrastructure, including supply and wastewater recycling, as well as water sector sustainability;

Whereas, on September 20, 2018, the United States and Mongolia signed a joint statement and the Roadmap for Expanded Economic Partnership, outlining the intent to deepen the bilateral commercial relationship through full implementation of the obligations under the Agreement on Transparency in Matters Related to International Trade and Investment between the United States of America and Mongolia, signed at New York September 24, 2013 (in this preamble referred to as the ''United States-Mongolia Transparency Agreement''), and to collaborate in supporting Mongolian small- and medium-sized enterprises through various programs and projects;

Whereas, according to the Bureau of the Census, trade between the United States and Mongolia is modest but growing, with total trade in 2019 between the two countries of approximately $217,500,000, including $192,700,000 in United States exports to Mongolia and $24,800,000 in United States imports from Mongolia;

Whereas Mongolia is a beneficiary country under the Generalized System of Preferences program, but its use of the program remains low, as, in 2018, only $3,300,000 of exports from Mongolia to the United States were under the program; and