

chart their own path without regard to any kind of guidance or legitimacy conferred by Congress in terms of regulation.

Remember, these administrative agencies are very powerful entities. Some say they are the fourth branch of government. There is a lot of concern that I have, that many people have, about overregulation and its damage to our economy. The very least the courts ought to do is make sure that they are operating within their mandate and the limitations imposed upon them by Congress. That is what the court did in this cross-State air pollution rule.

By the way, Texas was caught up in this rulemaking process without even having an opportunity to be heard and to challenge the modeling of the EPA. Due process is a pretty fundamental notion in our laws, in our jurisprudence. Texas, in that instance, was denied any opportunity for basic due process of law, another reason why the court made the right ruling.

The third case that has drawn the ire of some critics across the aisle on the DC Circuit Court of Appeals has to do with two Presidential recess appointments. Every President basically has made recess appointments, but no President has done what this President has done. It violated the Constitution when doing so. In other words, basically President Obama said: Notwithstanding the fact that the Constitution gives advice and consent responsibility to the Senate—that is in the Constitution—the President basically in this instance decided when Congress was going to be in recess, for the purposes of invoking this extraordinary power, basically said the President was going to decide when we were in recess.

Essentially, as some pundits said, basically the President was claiming an authority to be able to appoint judges using the recess appointment power when we are “taking a lunch break.” That cannot be the law. It is not the law. That is what the DC Circuit Court said. So the DC Circuit Court said President Obama’s legal rationale for appointments and the role of the Senate in advice and consent and the confirmation proceedings would “eviscerate the Constitution’s separation of powers.”

That is what the DC Circuit said about President Obama’s claim to have the extraordinary power to make recess appointments and bypass the confirmation of the Senate in the Constitution.

You might wonder if the court has actually been pretty evenhanded in terms of its decisionmaking process, you might wonder if it has the lightest caseload per judge in the Nation and there are other courts that need help a lot more, you might wonder what is going on here. Why does President Obama feel so strongly, why does Senator REID feel so strongly, why does the distinguished chairman of the Senate Judiciary Committee that I serve on feel so strongly that they want to

move these three judges through, even though there is no need for these judges on the DC Circuit Court?

Well, I am sorry to reach the conclusion, but I think the evidence is overwhelming that what the President is trying to do by nominating these unneeded judges to this critical court, the second most powerful court in the Nation, is he is trying to pack the court in order to affect the outcomes.

I know my friends across the aisle do not like that term, court packing. Students of history remember when Franklin Delano Roosevelt claimed the power to appoint additional Supreme Court Justices. That was held to be an unconstitutional court packing. But I do not know what else you would call this, if you are going to try to jam three additional judges on this court that are not needed, the second most important court in the Nation, in order to change the outcome of those decisions and to rubberstamp the administration’s expansive policies. I do not know what else you would call it other than court packing. I think a fair interpretation or fair definition of court packing is when you add judges to a court for the explicit purpose of securing favorable rulings.

That is exactly what Democrats are trying to do with these nominations.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. CORNYN. I ask unanimous consent for an additional 2 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. CORNYN. I wish to quote our friend Senator REID, the majority leader of the Senate. His candor is, again, remarkable and very clear. He said:

We are focusing very intently on the DC Circuit. We need at least one more.

By that he means one more judge. Continuing:

There are three vacancies. We need at least one more and that will switch the majority.

When the court sits en banc, when all judges decide to sit on the most important cases, then President Obama will have a majority of nominees on that court. They will be able to outvote the Republican nominees on the court.

Senator SCHUMER is complaining about some of the cases I mentioned a moment ago, and he concludes: “We will fill up the DC Circuit one way or another.”

I believe that the evidence is overwhelming that the motivation at play here is one to make sure that this court becomes a rubberstamp for the big government policies of this administration. That is why they are ignoring appellate courts that actually need the help, and they are trying to stack the court in the second highest court in the land. That is why they are also threatening—we heard a little bit of that today, rattling that saber once again—the nuclear option to try to confirm judges with a simple majority rather than the 60-vote cloture requirement under the Senate rules.

We have a good-faith solution. This is Senator GRASSLEY’s bill, which would allocate these three unneeded judges to places where they are actually needed. This is the kind of idea that our colleagues across the aisle embraced repeatedly when one of the judges from the DC Circuit was reallocated to the Ninth Circuit in 2007.

If our friends across the aisle continue to move ahead with their court-packing gambit, it will make this Chamber even more polarized than it already is. I only hope they choose a different course. This is why we are committed on this side of the aisle to stopping these nominations to these unneeded judges in this court and making sure that judges are placed where they are needed so they can engage in a fair and efficient administration of justice.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Madam President, I wish to enter into a colloquy with my great friend from Missouri, Senator BLUNT.

I wish to make a comment, if my colleague will excuse me. I have to say I am amazed to hear that we are court packing when what we are talking about is trying to fill three vacancies on a court. I hadn’t heard that before with other Presidents. Hopefully, we can fill vacancies and try to do it in a bipartisan way.

COMMUNITY MENTAL HEALTH

Ms. STABENOW. Madam President, I very much wish to thank a great friend and colleague, Senator BLUNT, for joining me today on the floor and in leadership on some very important community mental health legislation.

We have an opportunity to get something done with this issue.

I ask unanimous consent to proceed with the colloquy.

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

Ms. STABENOW. We wish to do this today because today marks the 50th anniversary to the day that President John F. Kennedy signed into law the Community Mental Health Act. The good news is he signed this act. The unfortunate news is it was the last act he signed in his life.

Today we want to recognize what that has meant to so many people across the country. This put in place the ability to serve people in the community who have mental health issues, rather than only being in institutions, being able to serve people closer to home, at home or to be able to give them the opportunity to get the help they need and still be active and successful in the community.

I think so many of us have been touched by mental health issues, which is part of physical—it is not mental and physical health. I think it is about time. I know my friend would agree that we start treating illnesses above

the neck differently than illnesses below the neck. It is all about comprehensive health care. We have all been touched in some way.

My father went undiagnosed with a bipolar disorder for 10 years when I was growing up. When he finally received the help he needed, the medication he needed, he was able to work and be successful for the rest of his life. I wish to make sure every family has that opportunity.

I know for President Kennedy it was his younger sister Rosemary who was institutionalized in the early 1940s and that brought him to this issue as well as to other passionate concerns that he had. President Kennedy saw a way to improve the lives of people such as his sister living with a mental illness by providing service in the community and, frankly, lowering the stigma on mental health. We still have a long way to go on reducing the stigma and understanding that it is, in most occasions, a physiological change in the brain, a chemical imbalance, something that needs to be treated appropriately, and that is certainly not a choice by an individual.

President Kennedy thought we needed to make sure we were providing the very best for the people in this community. In his statement to Congress he wrote:

We need a new type of health facility, one which will return mental health care to the mainstream of American medicine, and at the same time, upgrade mental health services.

We have worked together in a bipartisan way since then. The Mental Health Parity and Addiction Equity Act was championed by our friends and colleagues, Senators Pete Domenici, Paul Wellstone, Ted Kennedy, and Congressman Patrick Kennedy in the House, and it became law. It said we have to have parity in how insurance companies treat mental health and physical health.

I was pleased to get those provisions into health reform, but there is more to do and that is why we are here.

I wish to turn to my friend from Missouri, who has been a great partner and ask, as we go forward, what his thoughts are on this day and what we should continue to do to continue with this legacy.

Mr. BLUNT. I wish to say it is a very important topic, and it is a moment when there are many reasons, as the Senator said, that we should keep returning to it.

It was this day 50 years ago when President Kennedy signed the Community Mental Health Act. He called it a "bold new approach." Frankly, while some things happened in the 50 years since then and now, there haven't been that many bold new approaches in the last 50 years.

This is a topic that for whatever reason our society hasn't dealt with in ways that have been satisfactory in making great changes. In fact, some of what we have done in other areas has

made it harder for communities and families to work with people who have behavioral challenges, to find out the information that person does not want to share with them.

All of us can probably think of some family where this has happened, where someone still has an ongoing commitment to an adult son or daughter, mom or dad, and are part of what they are doing. They are paying some bills or whatever. The information that people would benefit from knowing is hard to get to or the requirement that somebody follow up on a court-ordered procedure is difficult to enforce and make that happen.

This is one of the times when we really need to be thinking what do we need to do to make this challenging work better.

First, it is a widespread problem, but it is not a problem that is untreatable. There is one statistic I have seen from the National Institutes of Mental Health: "One in four adults suffers from a diagnosable mental disorder" that is diagnosable and, in virtually every case, treatable—one in four.

This is not a stigma. This is not something where you are the only person this has ever happened to or to your loved ones, that this is the only person this has ever happened to. This is something that many families understand. Many people have a challenge that never gets diagnosed, frankly.

Creating a way for that to happen, where we make it easier, we make it more comfortable, and we make it affordable—whatever we are doing to allow that, in almost every case, the treatable problem to be diagnosed and treatable is important.

One of the topics the Senator and I started talking about almost at the very first of this year—we have been talking about this for almost 10 months. Of course, it was after the tragedy at Newtown. One thing we know is that somebody who has a mental health problem is much more likely to be the victim of a crime than they are to be the perpetrator of a crime.

The other thing we know is that as we look at these tragedies we have seen happen in the last few years, the one common denominator—whether it was in Newtown, Aurora, Tucson, the Navy Yard or Virginia Tech, whether it was at a supermarket, at a theater or on a college campus—what we saw in every case was this was somebody who had a behavioral problem, a mental health problem that hadn't been dealt with in the right way. In many ways this has turned the attention of the country back to a problem that, for whatever reason, we would just as soon apparently not talk about.

In fact, when the Senate committee that deals with mental health had a hearing in January of this year on mental health, it was the first time since 2007 that there had been such a hearing devoted to this topic—a topic that the National Institutes of Health said one of four adults is challenged by

and the Senate, in 6 years, hadn't talked about it in any kind of official, focused way. This is why Senator STABENOW and I have been working to try to take advantage of the moment.

In the principal piece of legislation we have been working on, the Excellence in Mental Health Act, we also have a model that works. A couple of different things were done. One, of course, was to expand the federally qualified health center concept, if they wanted, to add behavioral health, and they could under the same rules and regulations. Frankly, people would be walking through the same door as their neighbors.

We also created ways for community health centers—the very health centers that President Kennedy's legislation created—to add some of the advantages to be in a federally qualified center, to be in a community mental health center.

Certainly the Senator's efforts—and I know we both have other stories to tell about other things we are working on as well, but we have had great response from the community mental health centers and great response from veterans.

The Senator may wish to talk about that a little bit because I know she has been engaged in many discussions with veterans' groups who say if only our veterans had a place to go that was close and where their neighbors were going perhaps for some other kind of behavioral health. We have a wide swath of support from our veterans' groups as well as our health care groups.

The PRESIDING OFFICER. The time of the Senator has expired.

Ms. STABENOW. I ask unanimous consent for 2 additional minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Ms. STABENOW. I wish to go back to what the Senator from Missouri has indicated. Our veterans are coming home. We know that at least 200,000 of our veterans coming home will go into the community.

I see our distinguished chair of the Senate veterans' committee on the floor. I thank the Senator for all of his good work.

In addition to the VA system, where we are strengthening mental health services, we know that many will come home to the communities and be looking to an outpatient clinic or somewhere in the community for help. The reason we have strong support from the Iraq and Afghanistan veterans' organizations is because our Excellence in Mental Health Act legislation, which creates a behavioral health clinic model based on what has been done in community health that has worked so well, will create an opportunity for those veterans coming home to get support and help in the community.

One of the most difficult statistics to talk about is that 22 of our veterans are committing suicide every day—22 every day. That is unacceptable.

We need to make sure families and veterans have the support that they need so that when they come home they can receive the help they need. I am very proud of the fact we have about 50 organizations supporting the Excellence in Mental Health Act, such as sheriffs and police officers. Most likely, if somebody needs help, they are placed in a jail or in the emergency room. They don't go to a mental health facility.

What we are proposing is something that would provide 24-hour emergency psychiatric delivery, coupled with high quality community mental health services. The time is now to do this.

We have seen the need increase as states over the years have cut funding for in-patient mental health services and have not replaced them with services in the community.

Too often, people who need mental health treatment end up not getting the treatment they need, and end up in the emergency room or, worse, in jail. The ER and jail are not the place to treat mental illness.

It is fair to say that our need now is greater than ever.

Too many people who need treatment don't get it, including one-third of all people living with mood disorders and more than half of those with severe mental disorders.

Tragically, 22 American veterans commit suicide every day. At least 25 percent of returning veterans from Iraq and Afghanistan are in need of some form of mental health treatment.

We know that people suffering from mental illness are more likely to be the victims of violence than the perpetrators.

However, we have seen too many examples of what happens when people don't get the treatment they need around the country and right here in Washington, DC, where we've seen two tragic examples in the past 2 months, including the shootings at the Navy Yard and the woman who tried to drive her car into the White House and the Capitol.

What can we do to improve the way we treat mental health issues in this country? How can we improve people's lives?

We need to take the final step in mental health parity by strengthening access to quality mental health services in communities across America. That is why we need to pass the Excellence in Mental Health Act that the Senator from Missouri and I have sponsored together.

This bill would expand access to community mental health care by making sure more providers are available to treat mental health issues and can offer a broad range of mental health services, such as the 24-hour crisis psychiatric services, integrated preventive screenings, integrated treatment for mental illness and substance abuse, and expanded peer support and counseling services for patients and families.

This bill can help fulfill the legacy of President Kennedy's Community Mental Health Act and the Mental Health Parity and Addiction Equity Act.

There will be health care legislation coming to the floor before the end of this year to address physician payments, and that would be a natural place to address the Excellence in Mental Health Act.

I hope our colleagues will join us in supporting critical efforts to address mental health care in this country, and I hope they will join us in moving this proposal forward so we can get closer to this goal.

I wish to turn to my colleague, the distinguished Senator from Missouri for closing remarks. He has been a true champion for mental health and a wonderful partner to me and for his views on how we can work together to improve mental health treatment in America.

MR. BLUNT. I would just say that both our States have led in this area. Missouri has clearly been a pioneer in mental health efforts. Our community health centers—many of them—have added behavioral health in the last few years. There are other pieces of legislation out there that add to this mental health first aid, where people, particularly dealing with young people, can take a course. And they do not become people who can deal with your problem, but they may help you recognize if you have a problem and that somebody needs to deal with this.

In 2011, Missouri pioneered a program for Medicaid beneficiaries with severe mental illness that is based in community mental health centers and provides care coordination and disease management to address the "whole person," including both mental illness and chronic medical conditions. This combination saves money.

I have worked closely with the Missouri Coalition of Community Health Centers, which just celebrated their 35th anniversary and they are very excited about how this legislation could benefit the population they are serving.

I also co-sponsored the Mental Health First Aid Act of 2013 to help people identify, understand and respond to the signs of mental illnesses and addiction disorders through a pilot program for mental health first aid training. In my State, we are already benefitting from this program and in August over 100 new mental health first aiders were certified during Missouri's first large-scale mental health first aid training.

In addition, I co-sponsored the Justice and Mental Health Collaboration Act to improve access to mental health services for people in the criminal justice system. This bill would give law enforcement officers the tools they need to identify and respond to mental health issues, while continuing to support mental health courts and crisis intervention teams.

These bills—all of which have garnered bipartisan support—are steps in the right direction.

I hope Senate Majority Leader HARRY REID will allow stand-alone votes on mental health legislation, and I hope President Obama will work with members from both parties to improve our Nation's policies before another mental health crisis results in senseless loss.

I agree with Senator STABENOW that the time is now. We are actually probably beyond the time we should have done this. But we would be ill-advised to go further down this road without looking at this system and figuring out how we can improve it. There are many bipartisan ideas in the Senate, and I believe the Excellence in Community Health Act is right at the top of that list. But we need to look at this, do it, and do it now. I look forward to seeing something happen on this between now and the end of the year.

MS. STABENOW. Madam President, I again thank my friend from Missouri for his commitment and for working with so many colleagues across the aisle on a bipartisan basis. I believe we will get this done and we will now, on this 50th anniversary of President Kennedy's signing the Community Mental Health Act, complete the circle in terms of mental health parity in our country.

THE PRESIDING OFFICER. The Senator from Vermont.

THE BUDGET

MR. SANDERS. First of all, I congratulate the Senator from Michigan and the Senator from Missouri for touching on what is obviously a very serious national issue; that is, how we deal with the crisis of mental health in this country. I thank both of them for the work they are doing.

I would like to say a few words as a member of the conference committee on the budget, which is hoping to avert another government shutdown and come up with a sensible long-term budget for our country.

The first point I would make is that when I return from Vermont and come here to Capitol Hill, I am always amazed at how different the world view is here as opposed to the real world—whether it is Vermont or when I travel to other States around the country. It almost seems as if we are living on two separate planets.

As a member of the Budget Committee, I understand, as do the American people, that a \$17 trillion national debt and a \$700 billion deficit is a serious issue that must be addressed. The American people know that, but what they also understand is that there is an even more important issue out there; that is, real unemployment today is close to 14 percent. Youth unemployment—an issue Pope Francis is beginning to talk about a great deal—in this country is approximately 20 percent. African-American youth unemployment is over 40 percent.