

Don't worry about it; you are going to be confirmed when we get back. The way things have worked around here recently, I can't give him that guarantee. I can't give him my word. I can't tell him: Judge, don't file for reelection. Just go ahead and wait and trust that this is going to happen. I can't do that under the circumstances. So he is in limbo.

There are other lawyers and judges in Arkansas who want to run for his position. There is a domino effect in the local judiciary and local bar about this.

Under Arkansas State law, once he files, he cannot get his name off the ballot. These are nonpartisan elections. If they were party elections, he could go to the State party and they could handle it through their primary process or through their rules or whatever. But that is not the case here. There is no party to go to. Once he files and his name is on the ballot, he is on the ballot, and that is a big problem. This is causing a lot of problems back home.

There is no principle involved here. There is no reason why these two judges should be held over. They should have been done at the end of last year. I asked my colleagues to help me do that; I was told no.

We need to get these judges done now so we don't create this problem in Arkansas. Both of these judges are very well qualified. They have all the credentials the American Bar Association looks at. As far as I know, every lawyer in Arkansas is unanimously for both. In fact, I heard my colleague Senator BOOZMAN of Arkansas tell the Republican leader last week: MITCH, if you were picking these judges yourself, you couldn't pick any two better judges.

That is a paraphrase, but that is in effect what he said, and it is true. These are noncontroversial judges. Both these judges should be confirmed now so we don't cause this problem in Arkansas.

I yield the floor, but I will continue to push for these nominations.

The PRESIDING OFFICER. Who yields time?

The Senator from North Dakota.

Mr. HOEVEN. Madam President, I ask to speak as if in morning business.

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

Mr. HOEVEN. Madam President, I see the good Senator from New Mexico is here. I am willing to defer to the Senator if time is an issue for him. If it is not, I will proceed.

#### MILITARY COLA

Mr. HOEVEN. Madam President, I rise to speak on the issue of the military COLA. This is a cost-of-living adjustment for our military retirees. In the budget agreement, the COLA was reduced for military retirees by 1 percent until they reached age 62, and then the COLA is restored. I am opposed to this provision in the budget, and I have since cosponsored legisla-

tion to fix it, meaning fully reinstating the COLA for our military retired.

The bill we are considering and voting on later today fixes the COLA problem. It reinstates the COLA in full, and that is good. That is what I want to do, and that is what I believe the vast majority of Members in this body on both sides of the aisle want to do. We should pass the bill, and I believe this afternoon we will.

The bill we have been considering this week fixed the COLA problem and restored the cost-of-living adjustment for our military retirees, but it did not cover the cost of doing so. The cost of the legislation is about \$6.8 billion over a 10-year period, which, of course, is the Congressional Budget Office's scoring period. We can cover that cost, and we should. We have the deficit and the debt. We have to address our deficit and debt. We have to make sure we are paying for things, and we can absolutely do that in this case. In fact, we put forward amendments to do just that.

The first amendment I joined in putting forward was one led by Senator KELLY AYOTTE, the Senator from New Hampshire. Her amendment fully covers the cost of fixing the COLA. The way it works is it covers the cost by simply requiring that the additional child tax credit statute is properly enforced. I will explain that.

This amendment will require families with children who apply for the additional child tax credit must have Social Security numbers for those children. This is a simple straightforward enforcement provision to ensure the law is followed. Why wouldn't we make sure the law is enforced? After all, I believe that is an important part of our job.

In fact, I also believe the Treasury Department supports this enforcement provision as well, and I would wish to cite from a recent inspector general's report.

In 2011, the Treasury Department's Inspector General reported that individuals who were not authorized to work in the U.S. received billions by claiming the ACTC, and several news investigations found troubling instances of abuse of this tax credit. In just one example, according to a 2012 news report, an undocumented worker in Indiana admitted that his address was used to file tax returns by four other undocumented workers who fraudulently claimed 20 children in total—resulting in tax refunds totaling nearly \$30,000.

The Joint Committee on Taxation estimates this change would save approximately \$20 billion over 10 years. That is \$20 billion in savings over 10 years, which obviously far more than covers the \$6.8 billion cost of the COLA fix we are putting forward. Clearly that works.

I understand we have not been able to get bipartisan agreement on this pay-for, so we need to find something we can agree on because we need both Republicans and Democrats to pass this legislation to fix the COLA, and that is why I have since offered an-

other pay-for. It is a simple 1-page amendment that provides a pay-for for restoring the cost-of-living adjustment for our military retirees. What it does is it simply extends the provisions of the Budget Control Act—the budget we passed—for one more year, from 2023 to 2024.

I am pleased to say we will be voting on my amendment this afternoon—not because I have offered the amendment but, rather, because the leadership has agreed to offer the House version of the COLA fix. The legislation we will be voting on this afternoon has the pay-for I have just outlined. It is not identical to the amendment I have submitted, but it is very close to it. It ensures our military retirees will receive their much-deserved retirement.

I have urged my Republican colleagues in our caucus to fix this problem, and I have urged my Democratic colleagues on the Senate floor to fix this problem. I believe we will fix the cost-of-living adjustment in a bipartisan way today and restore it for our military retirees. This amendment will make sure we pay for it so we are not increasing the deficit or the debt.

As a former Governor and now as a Senator, I have had the honor and privilege to work with our military men and women. I have been to Iraq and Afghanistan. I have gotten the calls when one of our heroes makes the ultimate sacrifice. I know they put it all on the line for us.

Today I ask my fellow Senators to join with me and vote for our men and women in uniform. We need to fix the COLA for our military retired. We should support those great men and women who wear the uniform and honor and protect us and serve this Nation in the cause of liberty and freedom with their dedicated service.

Join with me and support them and vote for this legislation.

I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER. The Senator from New Mexico.

#### HEALTH CARE FOR VETERANS

Mr. UDALL of New Mexico. Madam President, I rise today to talk about health care for veterans. This is a critical issue for many veterans who have been left behind and to the many who are not getting the care they need.

First, I want to say how important it is that we have reached an agreement to restore the cut to pensions for working-age military retirees. This cut in the cost-of-living adjustment for military retirees should never have been included in the budget bill.

Let's be clear. The bipartisan budget agreement was critical to New Mexico and our Nation because it rolled back damaging sequestration cuts—cuts that hurt our military and military families.

Working-age military retirees should not have to bear the burden. Many of these men and women have given decades of service to our Nation. They

were willing to give everything for us. They should get the benefits they have earned. From the beginning I have been working to restore this cut to their COLA benefits. I have been very happy we have a bipartisan agreement to move forward and ensure we keep our promise to them.

I come to the floor today to also talk about rural veterans and a rural veterans improvement act. I was proud to introduce this bill with Senator HELLER from Nevada earlier this week. When it comes to veterans' health care, we know there are challenges. We know we can do better, and we know we have to do better.

Over 6 million veterans live in rural areas, including approximately one-third who fought in Afghanistan and Iraq. Three million of those rural veterans receive health care through the VA. Our veterans have fought halfway around the world for our freedom. We should go the extra mile for them.

Senator HELLER and I both come from rural western States. We know the difficulties veterans face when distances are too far and choices are too few. Our legislation would do four things: improve access to mental health services, expand transportation grants, hire and retain more medical professionals in rural areas, and give Congress and the VA tools to improve the quality of rural facilities.

First, let me start with mental health care. This is crucial. Veterans are struggling when the help they need is not available or is very far away.

One of my constituents lives in a rural area in northern New Mexico. He fought in Vietnam and was diagnosed with post-traumatic distress disorder. He required therapy 2 full days a week for 2 years. This vital care probably saved his life. The VA was there for him, and he is grateful, but he had to drive to Albuquerque, over 3 hours away, to get that essential care.

The veterans in my State are clear: They need better access to treatment and more mental health options. One size does not fit all. Conventional therapy does not work for everyone. Veterans groups, such as the Wounded Warrior Project, have long supported alternative treatments and more holistic methods. Tribal governments are also working with the VA to use traditional Native American healing techniques, helping their veterans with PTSD and other diagnoses.

These veterans are in pain. They are at increased risk of suicide. Help has to be there when they need it. Our bill would enable the VA to work with non-VA fee-for-service providers for veterans with service-connected mental health issues when conventional treatment is not available or where alternative treatment is not an option.

Second, even the best health care is useless if you cannot get to it. I have talked with many veterans in my State about this issue, and it is a big problem across New Mexico. Veterans in Carlsbad face a 6-hour drive to the VA hos-

pital in Albuquerque, 300 miles away one way. One such veteran fought bravely in World War II. He is now in his eighties. He has to get up at 5 a.m. and make the trip to Albuquerque to see medical specialists. Sometimes he doesn't get home until midnight. Thanks to the great volunteer drivers at Southeast New Mexico Veterans Transportation Network, he is able to get there, but it is an exhausting day.

Another of my constituents recently retired to Chama, NM, a rural community in the north. He and his wife built a home there, looking forward to retirement. The VA outreach clinic was nearby, but its contract was not renewed and it closed. His only option now is the VA clinic in Espanola, 80 miles each way through the southern Rockies. When winter storms come, as they do in northern New Mexico, he may not be able to get there at all.

The VA offers transportation grants to help, but only for veterans in what they call highly rural areas with fewer than seven people per square mile, not for those in rural areas and small towns such as Chama, and the small towns in Nevada and so many other States. They need help too. The miles are just as long and the journey is just as hard.

Our bill will help by expanding VA transportation grants to include rural communities, and it will not require matching funds for grants up to \$100,000, making it easier for these communities to apply for assistance.

Third, rural VA clinics, as their private counterparts, have trouble getting staff and keeping staff. This is not news to veterans who see constant turnover of doctors and nurses and other health care professionals or who have to travel long distances to see anyone at all.

Our bill will establish a VA training program, working with university medical centers to train health care professionals, serving rural veterans at outpatient clinics. Those who complete the program and a 3-year assignment will receive a hiring preference for jobs with the Veterans Health Administration.

We also propose a pilot program for housing incentives for health care professionals to work in rural VA facilities. We are proposing that the VA streamline the hiring of military medical professionals, transitioning to the civilian world into the VA system.

Rural VA health centers have a big job. They do their best. We have to do all we can to help them to get and keep staff with incentives, training, and innovation. It is not easy, but it is essential.

Fourth, we call for a full review of VA community-based outpatient clinics in rural and highly rural areas so we can prioritize expansions and improvements, making sure dollars are well spent and resources go as far as possible. We also call for a report to Congress on whether to add polytrauma centers in rural areas to

help veterans from Iraq and Afghanistan recover from multiple major injuries such as serious burns and traumatic brain injuries.

Every day, American servicemembers wake up far from home, and every day, they stand watch. They do the job they promised to do—and not only if it is easy or only if it is convenient. We owe them the same promise. Rural veterans should not be left behind. They should get the care they need and deserve.

Again, I thank Senator HELLER for working with me on this bill. He understands the problem. He is committed to finding solutions.

Our bill is a step forward for the health and well-being of our veterans. This is about essential care, about access, about honoring our commitment to the men and women who have sacrificed so much for our community. I urge my colleagues to support the bill.

Madam President, I ask unanimous consent that Senator DURBIN be recognized to speak immediately after me.

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

Mr. UDALL of New Mexico. I see Senator DURBIN on the floor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Madam President, I thank the Senator from New Mexico.

(The remarks of Mr. DURBIN pertaining to the introduction of S. 2023 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. DURBIN. Madam President, I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

#### HEALTH CARE

Mr. BLUNT. Madam President, I want to talk a little bit about the letters I have received and the messages we have received in the office in the last week regarding the changes we see going on in health care. There was quite a bit of discussion last week about how health care impacts the workplace, and I think a lot of misinformation is out. The Congressional Budget Office projection, as some people have alleged, does not say that 2 million more people are going to have part-time jobs. It says the equivalent job loss because of the Affordable Health Care Act is the equivalent of 2.3 million people losing full-time jobs. That may mean that 10 million people who otherwise would have had full-time jobs have part-time jobs.

The other thing is, it is three times as big as the number that was on the table when people voted for the Affordable Care Act. At that time, the Congressional Budget Office said: If this