

THE PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I am proud to follow my colleague from New Jersey, my other esteemed colleagues, and the ranking member on the Finance Committee—Senator WYDEN—and Senator SCHUMER simply to make a few very starkly apparent points about the situation in Puerto Rico. It affects not only the 3.5 million citizens in Puerto Rico—and they are American citizens of the United States—but also the financial markets, the bondholders, and citizens who depend on the viability of our financial system across the country and potentially around the globe.

There is a reason for bankruptcy laws. They try to make the best of a bad situation. Bankruptcy is never pleasant or welcome. The reason for the bankruptcy laws is to create an orderly, structured process for avoiding the chaotic and costly race to the courtroom and then endless litigation. It simply consumes scarce resources. That is what will happen if bankruptcy protection is not provided in some way to the municipal entities, governmental function, and others in Puerto Rico.

By a quirk of history, Puerto Rico is not covered by chapter 9. That quirk of history could be extraordinarily costly, not only in dollars and cents but in the humanitarian catastrophe that threatens the people of Puerto Rico in depriving them of essential services, energy, medical care, and all kinds of very necessary governmental functions that may be impossible if there is no orderly resolution to its financial situation.

We can debate how Puerto Rico arrived at this place. We should learn from history so we don't repeat it, but right now this crisis demands action, and that action has to come now.

Many of us remember when New York City faced similar financial straits and the headlines in some of the tabloids. One said “Ford to City: Drop Dead.” It was a reference to President Ford and his lack of action when New York City was in dire fiscal trouble.

The Nation would not let New York City drop dead. It should not let Puerto Rico drop dead financially. It should not send a message to Puerto Rico: Drop dead.

For this Chamber to say “drop dead” to Puerto Rico is absolutely intolerable and unacceptable, just as it would be if we were to say “drop dead” to the people of Alaska, represented so ably by the Presiding Officer, in a similar situation or to the people of Oregon, Connecticut, or any of our States or municipal entities. We know we came to the aid of Detroit, Stockton, and other municipalities when they needed it. That message, “Drop dead, Puerto Rico,” is antithetical to the democracy we represent here.

Puerto Rico can and must reform itself, but no amount of long-term reform will address the short-term reality that Puerto Rico cannot pay its

current debts when due. That is the definition of “insolvency”—the inability to pay debts as they come due. The denial of chapter 9 will not create more money that makes Puerto Rico solvent and enables it to pay those debts. The only question is whether this reality results in a chaotic and costly default, with nobody winning except the legions of creditors' attorneys who will spend years and countless billable hours fighting each other litigating through the State or Commonwealth courts, through Federal courts, through courts of appeals, and maybe to the U.S. Supreme Court, over years, maybe over decades. The alternative is an orderly restructure, which serves the public interests as well as the interests of our fellow Americans in Puerto Rico. It is an orderly, deliberate, rational process that only Congress can provide.

The actions in the long term that are necessary in the interest of economic justice, as well as fairness and the welfare of our fellow citizens in Puerto Rico, include addressing issues relating to Medicare, the earned-income tax credit, and other obligations that we have recognized for the citizens of the country who live in the 50 States. The financial gymnastics have enabled Puerto Rico so far to avoid the chaos, and enabled Puerto Rico to avoid going over a cliff that, in effect, is irremediable. But we need to be very blunt and real. Those financial gymnastics cannot be sustained or continued indefinitely. The financial somersaults and headstands must end. The prospect of a humanitarian catastrophe within a U.S. territory is very real and immediate. Congress can act to prevent it. It can choose not to do so. But the responsibility is ours if there is no action.

I urge the Members of this body, our colleagues, to give Puerto Rico—our citizens and fellow Americans there—the respect they deserve and approve the bill that we have offered.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

THE PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

THE PRESIDING OFFICER (Mr. SASSE). Without objection, it is so ordered.

MENTAL HEALTH

Mr. BLUNT. Mr. President, I wish to talk for a few minutes today about mental health. It is a topic that gets a lot of attention every time somebody does something that we don't think makes sense, when people do harm to others in ways that we don't seem to be able to rationalize in any other way but to say that we are almost 100-percent sure that this is a person who has a significant mental health problem.

Before I go any further with that idea, I wish to say that if you have a

mental health problem, you are much more likely to be the victim of a crime than you are to be the perpetrator of a crime. But when we see things happen in schools—whether it is an elementary school such as Sandy Hook or a community college—and when we see things happen on a military base such as Fort Hood or in the last week at a holiday party, there is no way to explain those things except to say that something has gone dramatically wrong in somebody's life. But it does bring us to a topic that seems to be brought only by the worst of circumstances.

Fifty-two years ago President Kennedy signed the last bill he signed into law, which was the Community Mental Health Act. On the 50th anniversary, the last day of October 2013, Senator STABENOW and I came to the floor to talk about that. When you look at the Community Mental Health Act, there were lots of great goals to be set for the country. Almost none of those goals have been achieved. The goals of closing facilities that people were concerned about, which they thought didn't meet the mental health needs in the best possible way, were often achieved, but replacing those facilities with other places to go to and get care didn't happen. In fact, surprisingly, the worst partner in behavioral health is the government.

We have mandated that some of these issues be taken care of by private insurance in what we would consider mental health equity or mental health parity, but seldom have we mandated that the Federal Government step up and treat behavioral health issues in the same way. While we have done that, we have largely turned to the law enforcement community in the country and emergency rooms and said that is our mental health program. The truth is we never said that. We just allowed that to happen.

The biggest program for dealing with a behavioral health issue is the local police and the emergency room—neither of which is the best place to do this or the right place to do this. Sometimes that is the only option, and it is understandable when it is the only option. But it doesn't have to be the only option so much of the time.

The National Institutes of Health says that one out of four adult Americans has a diagnosable and almost always treatable behavioral health issue. This is not something that we don't have any relationship with. By the way, they don't say that one out of four adult Americans has a diagnosis and is undergoing treatment. They say that one out of four adult Americans has a diagnosable behavioral health issue and it is almost always treatable. In a hearing we had a year or so ago, they went on to say that about one out of nine adult Americans has a behavioral health issue that impacts the way they live every day, many times in a dramatic way.

We need to do something about this. The Congress took a big step to do

something about it over a year ago when we passed the Excellence in Mental Health Act. What did the Excellence in Mental Health Act do? The Excellence in Mental Health Act set up an eight-State pilot where in those eight States the facilities that met the requirements that the act specifies—community health centers, federally qualified health centers, community mental health centers that have the right kind of staff and have that staff available 24 hours a day, 7 days a week, and meet other criteria—in those centers and in those eight States, behavioral health would be treated like all other health.

What I think we will find out that happens in those eight States is that there is no increase in cost. There are a few studies that would lead me to believe that. They are going on around the country right now. Nobody will argue that if you treat behavioral health like all other health, the overall societal cost is going to more than pay for whatever you invest in treating that mental health issue. But I think what we are likely to find out, and what studies are beginning to prove, is that even with the health care space itself, if you treat behavioral health like all other health, your overall health spending doesn't increase. It decreases because the other issues are so much easier to deal with. If you are taking your medicine, if you are feeling better about yourself, if you are eating better, if you are sleeping better, if you are seeing the doctor, suddenly the cost that was being spent on your diabetes or the cost that was being spent to deal with hypertension gets so much more manageable that your overall cost goes down.

What we think will happen is that the eight States that move in this direction will never go back even though it is a 2-year pilot. We think all the facts are going to show that it should be a permanent commitment. In fact, what happened was that we didn't have just 8 States apply or 10 States apply or even the 20 States that the Senator from Michigan and I were told would be the maximum if we made this mandatory for the whole country from day one. We might have as many as 20 States that would be willing to participate, but 24 States applied to come up with the framework to hope to be one of the 8 States. Those 24 States have all been given a little planning money. They will have a few more months to come up with a plan that says: Here is what we would like to try to prove—that if you treat behavioral health like all other health, good things happen, and it is the right thing to do.

The more I talk about that and the more others talk about that, the more I think we all wonder why would we even think we have to prove this. But these pilot States are going to prove that. I am beginning to wonder why we don't figure out how to make all 24 States pilot States. A very small commitment leads to a very big result.

What we would find out is that doing the right thing produces the right kind of results. If half the States in the country not only went on this 2-year pilot program but find out that this is really what you need to do, half the States in the country would permanently be on a program that for the first time begins to achieve the goals of the Community Mental Health Act.

There are great discussions going on in both the House and Senate about how the Senate bill can focus on expanding some of the grant programs that will encourage people to become behavioral health professionals. The House legislation talks about how we can get families more involved so they are able to keep up with the family member who has a behavioral health challenge. However, none of those things actually matter very much if they don't have anywhere to go. We can have all the mental health professionals we can imagine we would want to have, but if there is no access point for mental health treatment, it doesn't do any good to have all those mental health professionals.

What the Excellence in Mental Health Act does and will do is create an access point where everybody can go. Based largely on the community federally qualified health center model, those expenses will be submitted to the person's insurance company or they may have some other capacity to pay. Some individuals will have a copayment for every visit, which is part of that system. They can use whatever government program they might apply for, and then the difference will be made up when they submit their legitimate expense, and those payments will be carefully audited.

The goal of the federally qualified center is year after year to get the money back that they have invested in treatment so that it then becomes an access point for those people.

I wish to point out that the access point is what really matters here and is the underpinning for everything else. There is no reason to have a big debate about how they share somebody's record with the people who are closest to them if they don't have anywhere to go and get that analysis. There is no reason to think about how many mental health professionals we could use in the country if there is no facility for people to go to so they can meet their mental health professional.

This is a real opportunity for us. Congress has agreed to do this. I will be searching—and I hope my colleagues will join me in ways to search—to see what we can do to not only have an 8-State pilot program but to see if we can expand it and have a 24-State pilot program, assuming that all 24 of those States come back with a credible plan on how we can meet the goals of not just the Excellence in Mental Health Act but, frankly, the goals the country set for itself 50 years ago on the last day of October in 1963.

We are still woefully short of meeting the potential we need to meet in

order to bring people fully into society based on what happens if you treat their behavioral health issue the same way you would treat every other single health problem they may have. There is no reason not to do that. We have the capacity and ability to do that. We have the program Congress has agreed to, and suddenly the number of States that are taking this seriously exceeded everybody's estimation of States that would want to be a part of this program.

I think one could argue that 50-plus years later, we may have finally come to a moment when everybody is willing to talk about this issue and do something about it. We shouldn't miss this moment. It is never too late to do the right thing. We are not doing the right thing now. Treating behavioral health like all other health issues and fully utilizing the skills and potential of mental health caregivers by giving them just a little more assistance than they currently have will enable those suffering from a behavioral health issue to become a full part of a functioning society.

I am proud that my State has always been forward-leaning on these issues, whether it is Mental Health First Aid or trying to involve different kinds of care that work. I hope my State will be one of the pilot States. Frankly, I would like to see every State do this that wants to do this and can put together a planning grant that shows they have made the local investment that is necessary so they, too, can be a part of the program that is moving forward to improve behavioral health issues.

We still have one or two opportunities this year. We have the rest of this Congress if we don't get it done this year, but let's not miss this moment to improve mental health issues. We are already 50 years behind. Let's not get any further behind when there is a chance to do the right thing for the right reasons at the time we have to do it in.

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

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

UNANIMOUS CONSENT REQUESTS—NOMINATIONS

Mr. BROWN. Mr. President, I rise again today to support Adam Szubin's nomination to serve as Under Secretary for Terrorism and Financial Crimes at the Treasury Department, as well as to support several other nominees whose nominations have been pending before the Senate banking committee for many months—some for almost a full year—with no vote.

All of these nominees have had hearings. They have all completed a thorough committee vetting process and