

year-old senior who was about to graduate. She was going to school pretty much on her own resources, her own part-time job. She needed to get done as soon as she could so she decided to take summer classes, but since she didn't have the opportunity for a year-round Pell—she could only get the Pell grant for two semesters instead of the way it was until 2008—she could only get that money for two semesters so she had to borrow the \$3,000 it took her to finish her degree sooner. The good news is, she is going to finish her degree. The bad news for her is, she has an additional \$3,000 debt that she wouldn't have had.

The newspaper the Joplin Globe recently shared a story about another student who also recently has gone to school on Pell grants, Andy Hamon. He is a senior. His mom and dad run a small business. According to that story, he has always depended on financial aid because his family didn't have the resources to pay tuition. He said it hasn't been easy. He said he had to take classes in the summer, and when he did take classes in the summer, he had to borrow or out-of-pocket come up with the \$800 to \$10,000 the Pell grant will not cover.

When I was at Mineral Area Community College, the president of Mineral Area Community College, Dr. Steve Kurtz, said, when you talk about affordability and accessibility, you are right in the middle of this discussion on what happens if you have access to help year-round as opposed to just two semesters a year.

Jean Merrill-Doss, who serves as the dean of student services at that college, says approximately 60 percent of their student body is dependent on Pell grants to attend school.

As a college student, I went to school as quickly as I could. Nobody in my family had graduated from college before. I went three years, three summers. It took 124 credit hours to graduate with a bachelor's degree. I had 124 credit hours. I didn't have an extra hour. I couldn't pay for an extra hour, in my view, and I needed to get college behind me or I might not be the first person in my family to graduate from college.

In fact, the first teaching job I took at Marshfield High School—my grandfather was the janitor. He had been the janitor, when I was growing up, at the school where I took my first job as a college graduate.

Students like Tierra, students like Andy need to have the opportunity we can give them to go to school and finish school.

Pell grants benefit about 7.5 million students annually. The maximum two-semester Pell grant will be \$5,815 in the school year that begins next fall. The \$5,815 pays for tuition, fees, books at every community college in Missouri, and we have a big community college system. So for people who have the most economic need, we already have free 2 years of college in our State, and

in a couple of our universities you can still get all your tuition, all your books, all the fees paid for with a Pell grant.

What is the advantage of being able to stay in school once you get started in school? The Presiding Officer and I are two of the three university presidents here in the Senate. So we have talked to many students who had to have financial aid and had to have help to go. If you are the first person in your family to graduate from college or you are going back to school—maybe you are taking a break, you didn't go to college, or college didn't work out—and you are an adult and totally responsible for all of your college expenses if you are going to go, staying in school makes a big difference. If you decide you can't go that summer semester because you can't afford the tuition and you get the full-time summer job, it is real easy for the full-time summer job to turn into this: Well, I will do this job one more semester, and I will get into school in January. In January it is easy to think: Well, I will go ahead and finish my job and save a little more money, and I will get back into school at the regular time next fall. Before you know it, life gets in the way, things happen, and you intend to continue to go to school, finish, and get your degree, but it somehow doesn't happen.

Those students who want to continue their class work year-round should have access to the Pell grant help that you would have if you were a little more flexible and had a little more ability to take a part-time job in the summer, live at home with your mom and dad, and do whatever you are doing there and start back in the fall. Year-round Pell is not for everybody, but it is expected that an estimated 1 million students of the 7.7 million students that get Pell would take advantage of year-round Pell, and that includes 20,000 Missouri students who would take advantage of year-round Pell. They would get an average of \$1,650 each to take advantage of that other semester—another semester to catch up, another semester to get ahead, or another semester to just graduate faster. This is something we need to do and should do.

OPIOID EPIDEMIC

Mr. President, I want to speak for a couple of minutes about the other topic that was just discussed—opioids. Clearly, this is a problem. About 1,000 Missourians every year die from opioid overdoses. In St. Louis alone, deaths related to opioid abuse have increased three times since 2007. An estimated 5.9 million American adults have an opioid use disorder. This is truly a public health crisis in every corner of the nation, from our major cities to our rural communities. There is some evidence that rural communities even have a bigger problem with opioid abuse than in the city.

I was visiting over the Fourth of July weekend with some St. Louis fire-

fighters who were also in the first responder team, and it is clear that this is something where 10 or 15 times a day, and even more on weekends, they are responding to opioid overdoses. If you are in a fire department in America today that also has a first responder unit, you are three times more likely to go to an overdose than you are to go to a fire.

The good news is there is treatment. Seventy-two percent of the Missourians who went through the State's opioid treatment program, having been tested, were found to be negative afterward with any random test. So there is a solution here. The problem is that only about 10 percent of the people who have the problem get into the program to solve the problem.

That is why yesterday the bill was passed that I co-sponsored that dealt with the idea of opioid abuse. This agreement expands access to evidence-based treatment and recovery services and focuses on proven strategies that strengthen people's ability not to get addicted and, if they are addicted, to figure out how to no longer be addicted.

In this appropriation, we recommended a 93-percent increase in the money available. One of the issues that Senator WYDEN was concerned about was whether there would be enough money. Between last year and this year, we increased the money by 542 percent. It takes an unbelievably effective government agency to deal with a more than 542-percent increase. We are going to continue to watch the bill, to watch the need, to see and do everything possible to see that the money is available.

The House has ideas here. We do too. First responders are not the people who need to be primarily focused on this job. They need to be there when they need to be there, but we have to do something that solves this problem.

People need a place to go. That is why the Excellence in Mental Health Act will have at least 6 States, and as many as 24 States, on January 1, treating mental health like all other health, providing an important access point for mental health issues of all kinds and opioid issues that can only be dealt with in that context of overall health involving mental health.

I hope we will begin to work more openly, more transparently, and more committed to solving problems than we are committed to just complaining about problems.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

DEPARTMENT OF VETERANS AFFAIRS DENTAL INSURANCE RE-AUTHORIZATION ACT OF 2016

Mr. BLUNT. Mr. President, I ask unanimous consent that the Committee on Veterans' Affairs be discharged from further consideration of S. 3055 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 3055) to amend title 38, United States Code, to provide a dental insurance plan to veterans and survivors and dependents of veterans.

There being no objection, the Senate proceeded to consider the bill.

Mr. BLUNT. I ask unanimous consent that the bill be read a third time and passed, and the motion to reconsider be considered made and laid upon the table.

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

The bill (S. 3055) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 3055

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Department of Veterans Affairs Dental Insurance Reauthorization Act of 2016”.

SEC. 2. DENTAL INSURANCE PLAN FOR VETERANS AND SURVIVORS AND DEPENDENTS OF VETERANS.

(a) DENTAL INSURANCE PLAN.—

(1) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by inserting after section 1712B the following new section:

“§ 1712C. Dental insurance plan for veterans and survivors and dependents of veterans

“(a) IN GENERAL.—The Secretary shall establish and administer a dental insurance plan for veterans and survivors and dependents of veterans described in subsection (b).

“(b) COVERED VETERANS AND SURVIVORS AND DEPENDENTS.—The veterans and survivors and dependents of veterans described in this subsection are as follows:

“(1) Any veteran who is enrolled in the system of annual patient enrollment under section 1705 of this title.

“(2) Any survivor or dependent of a veteran who is eligible for medical care under section 1781 of this title.

“(c) ADMINISTRATION.—The Secretary shall contract with a dental insurer to administer the dental insurance plan under this section.

“(d) BENEFITS.—The dental insurance plan under this section shall provide such benefits for dental care and treatment as the Secretary considers appropriate for the dental insurance plan, including diagnostic services, preventative services, endodontics and other restorative services, surgical services, and emergency services.

“(e) ENROLLMENT.—(1) Enrollment in the dental insurance plan under this section shall be voluntary.

“(2) Enrollment in the dental insurance plan shall be for such minimum period as the Secretary shall prescribe for purposes of this section.

“(f) PREMIUMS.—(1) Premiums for coverage under the dental insurance plan under this section shall be in such amount or amounts as the Secretary shall prescribe to cover all costs associated with carrying out this section.

“(2) The Secretary shall adjust the premiums payable under this section for coverage under the dental insurance plan on an annual basis. Each individual covered by the dental insurance plan at the time of such an adjustment shall be notified of the amount and effective date of such adjustment.

“(3) Each individual covered by the dental insurance plan shall pay the entire premium for coverage under the dental insurance plan, in addition to the full cost of any copayments.

“(g) VOLUNTARY DISENROLLMENT.—(1) With respect to enrollment in the dental insurance plan under this section, the Secretary shall—

“(A) permit the voluntary disenrollment of an individual in the dental insurance plan if the disenrollment occurs during the 30-day period beginning on the date of the enrollment of the individual in the dental insurance plan; and

“(B) permit the voluntary disenrollment of an individual in the dental insurance plan for such circumstances as the Secretary shall prescribe for purposes of this subsection, but only to the extent such disenrollment does not jeopardize the fiscal integrity of the dental insurance plan.

“(2) The circumstances prescribed under paragraph (1)(B) shall include the following:

“(A) If an individual enrolled in the dental insurance plan relocates to a location outside the jurisdiction of the dental insurance plan that prevents use of the benefits under the dental insurance plan.

“(B) If an individual enrolled in the dental insurance plan is prevented by a serious medical condition from being able to obtain benefits under the dental insurance plan.

“(C) Such other circumstances as the Secretary shall prescribe for purposes of this subsection.

“(3) The Secretary shall establish procedures for determinations on the permissibility of voluntary disenrollments under paragraph (1)(B). Such procedures shall ensure timely determinations on the permissibility of such disenrollments.

“(h) RELATIONSHIP TO DENTAL CARE PROVIDED BY SECRETARY.—Nothing in this section shall affect the responsibility of the Secretary to provide dental care under section 1712 of this title, and the participation of an individual in the dental insurance plan under this section shall not affect the entitlement of the individual to outpatient dental services and treatment, and related dental appliances, under such section 1712.

“(i) REGULATIONS.—The dental insurance plan under this section shall be administered under such regulations as the Secretary shall prescribe.

“(j) TERMINATION.—This section terminates on December 31, 2021.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1712B the following new item:

“1712C. Dental insurance plan for veterans and survivors and dependents of veterans.”

(b) CONFORMING REPEAL.—

(1) IN GENERAL.—Section 510 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 38 U.S.C. 1712 note) is repealed.

(2) CLERICAL AMENDMENT.—The table of contents for the Caregivers and Veterans Omnibus Health Services Act of 2010 is amended by striking the item relating to section 510.

FEDERAL AVIATION ADMINISTRATION REAUTHORIZATION ACT OF 2016—Continued

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Vermont.

COLLEGE AFFORDABILITY

Mr. LEAHY. Mr. President, while the Senator from Missouri is still on the

floor, I noted what my friend said about his being the first member of his family to get a college degree.

The Leahys came to Vermont in 1850. When my grandfather—who was a stone carver—died, my father was a teenager, and he had to go to work. I became the first LEAHY to get a college degree, and my sister was the second one. I have to think what the path might have been otherwise. There is one thing we all have to agree on: We have to make it easier for college to be affordable, with all kinds of plans and ideas. The kids have to be able to go to college. I was able to do that. I was able to go on to graduate school. It is so important to be able to compete today. I was touched by what my friend said, and I appreciate it.

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. President, we have kind of a good news/bad news situation today. The good news is that Congress is taking a step forward on how to respond to opioid addiction. By advancing the Comprehensive Addiction and Recovery Act, or CARA, we are leaving behind decades-old misconceptions about how to confront addiction.

For too long, Congress relied on punitive measures that only served to push addicts further underground and away from recovery. This legislation treats opioid addiction as an illness. It combats it as we would any other public health issue, through a commitment to evidence-based treatment and recovery programs. But the bad news is our commitment falls short.

The conference report promises critical programming, but then it does not pay the bill. It does not provide the resources necessary to support the programming. So we should know what we have here. We have a first step—an important first step but barely a first step. If we make a mistake and say: OK, we have done our job, then we have failed the countless communities across the country grappling with addiction. We are doing very little to stem this epidemic.

I am afraid my friends, the Republicans, have repeatedly blocked efforts to fund the programs authorized by CARA. When the legislation was first considered on the Senate floor, Republicans opposed Senator SHAHEEN's amendment that would have provided \$600 million in new funding of emergency supplemental appropriations, which is actually a modest amount considering what is needed in this country.

Then we have the appropriations process in committee this year. Emergency funds to fight this addiction epidemic were denied. Senate Republicans kept assuring us that there was going to be a time and a place to include real funding. Well, last week's conference provided such an opportunity. I, along with other Democratic conferees, identified commonsense and bipartisan off-sets that would enable us to dedicate almost \$1 billion in new resources to put the programs in CARA to work. We told our Republican counterparts we