

there is lots of hope. Why? Because recovery is possible. Check that, actually. It is not possible, it is actually probable, if you can find the right therapy, the right set of supports, and perhaps the right set of medications needed.

Over the last 20 years of public service, I have met plenty of people who have beaten this disease, who have trained their minds to work differently, and who are leading full and happy lives. The simple problem is that the resources here are just too far out of reach and sometimes nonexistent for millions of constituents living with mental illness.

So that brings us to this moment and how this place actually does work for good sometimes. Two years ago, I approached Senator CASSIDY right here on this very floor, just days after his swearing in, and I told him that I had heard that when he was a House Member, he would come to hearings on mental illness in the House with a dog-eared, wornout copy of a book called "Crazy" by Pete Early. I don't agree with everything in that book, but it is a story of a father who had the same story to tell as all of those moms in West Hartford. I asked Bill if his enthusiasm for this book meant that he was interested in working on mental health policy, and he said: Absolutely. For the next 6 months, he and I worked together to meet with everybody we could find, both nationally and in our States, who could tell us what was wrong with our mental health system, and we decided to do something big.

A lot of us work with Members of the other party on small bills. They are meaningful pieces of legislation, but they are kind of one-offs. They fix one problem here or there. We decided to write a big, sweeping bill—one that would tackle as many problems in the behavioral health system as we could all at once. We had a head start because of our friend in the House of Representatives, Representative TIM MURPHY, had already introduced a comprehensive reform bill. So in August of that year, after hundreds of these meetings and forums, we introduced our own version of TIM MURPHY's bill—the Mental Health Reform Act. Today, about 16 months after introduction, the House is going to pass this bill as a major component of the Cures package, as Senator ALEXANDER said. My hope is that we will have a bipartisan vote here some time very soon.

Senator CASSIDY and I will be the first to admit that it doesn't come close to solving all the problems that people with mental illness confront. Most importantly, it doesn't include new Medicaid or Medicare money to address some of these huge shortages that patients and families face. But it does require insurance companies to stop discriminating against people with mental illness by rejecting claims for mental health at a rate that is much higher than they do for physical health. This strengthening of our Na-

tion's mental health parity law is probably the bill's most important provision in my mind. I am convinced it is going to result in hundreds of millions of dollars in new care for people with mental illness. I wish to thank Senator ALEXANDER and Senator MURRAY for supporting this provision, even though it was at times controversial.

The bill also elevates the place of mental illness within the Department of Health and Human Services by creating a new assistant secretary who is going to oversee all of this funding that often is done in a really uncoordinated way. It creates new programming to assist young children who show the first signs of mental illness. We get at it early. It reauthorizes important suicide prevention programs that have been shown to work, and it clarifies that parents don't need to be totally cut out of their adult child's care—that doctors can share information with parents if it is in the best interests of the patient to do so.

Frankly, that is just the tip of the iceberg. Senator CASSIDY went much deeper. There are a lot of other provisions in this bill that will make it less likely that people with mental illness face continued barriers to care.

Over the past 2 years, this bill has faced a lot of uncertain moments, and that is where Senators ALEXANDER and MURRAY come in. They have really helped us navigate through some tough waters. I give a lot of credit as well to Senator CORNYN. Senator FRANKEN contributed a big section of this bill that reforms the way the mentally ill are treated in the criminal justice system. Senator CORNYN, in particular, helped us overcome a major hurdle in this bill this fall.

Finally, I just want to thank all of the staff people who have worked on this. I want to thank Brenda Destro in Senator CASSIDY's office. I want to thank Mary Sumpter Lapinski and Laura Pence in Senator ALEXANDER's office; Evan Schatz, Nick Bath, and Colin Goldfinch in Senator MURRAY's office. First and foremost, I want to thank Joe Dunn in my office, who in many ways is the parent of this bill from beginning to end, and all the people in our office who worked underneath him.

When and if the Senate approves this bill and the President signs it into law, maybe the most important thing that will happen here is that we will show that this place can work together to address a big problem that really has no partisanship to it. Mental illness doesn't care if you are a Republican or if you are a Democrat. Mental illness doesn't care if you voted for Hillary Clinton or Donald Trump, and it doesn't care if you think you are not the kind of person who could suffer from mental illness. It doesn't discriminate. Yet we do. We continue to push those with mental illness into the shadows. Our unwillingness to fund the better coordinated care system that we know we need is a clear message to

these patients that they are something less inside our health care system.

That begins to change with the passage of this legislation. I think, accurately described by Senator ALEXANDER, it is probably the most significant piece of mental health legislation we have passed in over a decade. I can say that maybe there is nothing I have worked on in my 20 years of elected office of which I am more proud. I commend this bill to all of my colleagues.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, once again, I want to thank Senator MURPHY and Senator CASSIDY for their exceptional passion, leadership, and professionalism on a big issue. We all will have a chance to support their work when the bill comes over from the House on Monday as a part of the 21st Century Cures legislation.

I want to reiterate what Senator MURPHY said about Mr. CORNYN, the Senator from Texas. He played a key role in developing parts of the legislation that came through the Judiciary Committee and he, like Senator MURPHY and Senator CASSIDY, had to negotiate a few landmines in order for the bill to be considered and included as it has been. I want to pay my respects to Senator CORNYN and thank him for his leadership on the bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

#### EMERGENCY CARE FAIRNESS BILL

Mr. ROUNDS. Mr. President, let me begin by thanking my colleagues who are here today, the Senator from Tennessee, the Senator from Louisiana, and the Senator from Connecticut, for the hard work they are doing to create new legislation that will improve the health care of Americans in the future, but I come today as well to speak about legislation which has already passed that was designed to improve the health care of veterans across the entire United States.

I come to speak in favor and in support of the Emergency Care Fairness Act of 2009, which recently has come under attack by the VA and legislation introduced on this floor. In 2009, the 111th Congress passed the Emergency Care Fairness Act to fix a very big loophole in the law which hurt our Nation's veterans. Prior to 2009, the VA was not authorized to cover any costs of emergency room care at non-VA facilities for veterans who were covered by any type of third-party insurance. That meant that if a veteran had a limited insurance policy that covered even \$1 of an emergency room bill, the VA would not pay a dime to cover costs that were not paid for by their insurance. Meanwhile, if a veteran had no insurance and was rushed to the emergency room, the VA was authorized to cover all of his or her costs. Clearly, this made no sense. Under the system,

the VA penalized veterans for owning third-party insurance, particularly Medicare.

Leaders in both the House and the Senate got to work to fix this issue and introduced bills in both Chambers of Congress to allow the VA to pay the remaining balance of emergency care after a veteran's third-party insurance was applied. This made good common sense. At the time, the chairman of the Senate Veterans' Affairs Committee, Senator Daniel Akaka of Hawaii, stated the following on this very floor: "The bill I am introducing would amend current law so that a veteran who had outside insurance would be eligible for reimbursement in the event that any outside insurance does not cover the full amount of the emergency care."

Mr. President, congressional intent does not get any clearer than that.

While the Emergency Care Fairness Act was being considered in committee, the VA is on the record as having supported the intent of the bill. Everything was going according to plan and the President signed the bill into law in February of 2010. The problem arose when after the law was passed, the VA implemented a new regulation which continued to deny veterans' legitimate emergency room claims. Despite having previously supported the Emergency Care Fairness Act, the VA reversed course and elected not to comply. This went on for 6 years, and hundreds of thousands of veterans had their emergency room claims denied by the VA.

It was not until a veteran from Minnesota named Richard Staab had a heart attack in 2015 that the VA's illegal regulation was challenged in court. Mr. Staab was rushed to the emergency room following his heart attack and accrued \$48,000 in medical expenses. Because he carried limited Medicare insurance, the VA denied his claim for reimbursement, as it had done for so many veterans, even though his Medicare didn't come close to covering the cost of his treatment.

Mr. Staab sued the VA, and in April of this year, his case was heard by the U.S. Court of Appeals for Veterans Claims. After hearing the case, the court unanimously ruled in Mr. Staab's favor and ruled that the VA was in violation of the law by denying his claim and specifically ruled that the VA's regulation was in violation of congressional intent of the Emergency Care Fairness Act.

Part of the Court's ruling stated: "Therefore, it is clear from the plain language of the statute that Congress intended the VA to reimburse a veteran for that portion of expenses not covered by a health plan contract."

This was a huge win for veterans.

Unfortunately, today the VA has appealed the decision of the U.S. Circuit Court of Appeals. This is an egregious dereliction of duty and a clear effort to avoid complying with the original intent of Congress back in 2009. Just

since the VA's appeal of the ruling, over 100,000 veterans' claims have been put in a pending status. That equates to thousands upon thousands of veterans who are waiting for the VA to help them pay their bills.

It is a fact that those most affected by the VA's noncompliance with the Emergency Care Fairness Act are elderly veterans, many of whom are living on fixed incomes and have limited resources to pay medical bills. Often these veterans find themselves dealing with collection agencies as a result of emergency care received in their communities. In an era where we know that more than 20 veterans commit suicide every day, with 65 percent of those veterans aged 50 years or older, this is unacceptable.

I want to tell a short story about a constituent of mine who was a veteran that was supposed to be covered by the Emergency Care Fairness Act. His name is Mr. Alfred Dymock. Mr. Dymock is 90 years old, and he served in the Army Air Corps during the Korean war. He flew over 100 combat missions during the war and earned a Bronze Star and Distinguished Flying Cross for his heroic service. Mr. Dymock receives all his medical care at the VA as a disabled veteran but also carries his Medicare Part A, as does nearly every American over the age of 65.

During a 1-month span earlier this year, Mr. Dymock collapsed twice in the middle of the night while he was in the bathroom. One time he hit his head and was bleeding. Because his 85-year-old wife was unable to pick him up, she appropriately called 911 each time. In both instances, the ambulance took him to Rapid City Regional Hospital, even though he requested to go to the Fort Meade VA hospital, the VA facility where he normally receives all of his care. The paramedics did not want to take him on the 25-mile drive to Fort Meade because they feared he was having a heart attack and may not survive even in that short of a drive. As a result of these two incidents, Mr. Dymock's emergency room bills totaled over \$44,000.

After Medicare Part A paid its share, Mr. Dymock still owes Rapid City Regional nearly \$10,000. The VA has denied Mr. Dymock's claims to cover this amount because he, like nearly every other American, is eligible for Medicare Part A.

The Dymocks do not own a home. They live in an apartment. They live solely on their Social Security and on Mr. Dymock's VA disability payments. If the VA continues to deny his claims, the Dymocks have no ability to pay these medical bills.

Today, Mr. Dymock is in hospice care with Stage 4 kidney disease and liver disease. His daughter writes to me that even as frail and ill as Mr. Dymock is, he wants to know before he dies that his bills are covered so he can have peace.

It was veterans like Mr. Dymock in Rapid City, SD, that Congress intended

to help when it passed the Emergency Care Fairness Act in 2009. Today I call on the VA to drop their appeal of the court's ruling and begin writing new regulations that comply with the law as Congress intended to properly reimburse our veterans for their emergency room care.

I fully understand there is a cost associated with this course of action. Taking care of our veterans and complying with the law in this case is not a cost issue. I believe it is a moral issue, and in this case, it is also a legal issue. Complying with the intent of the Emergency Care Fairness Act is also simply the right thing to do.

Should the VA agree, I stand ready to support them in their efforts to take care of our veterans and to give them medical care which they need, both from the VA and in the private sector.

While we certainly have a long way to go to fix VA health care, I fully believe that implementing the Emergency Care Fairness Act as it was intended is a step in the right direction. I look forward to working with the Secretary of the VA and my colleagues on the Senate Veterans' Affairs Committee on a broad range of initiatives that continue to improve health care for our veterans.

It is my goal to keep our veterans at the center of all we do. I urge my colleagues to join me in standing up for our veterans in supporting the Emergency Care Fairness Act of 2009.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

## 21ST CENTURY CURES BILL

Mr. ISAKSON. Mr. President, first of all, I commend the Senator from North Dakota who is a Member of the Veterans' Affairs Committee for his diligent efforts, his thoughtful words, and all he does for veterans on the Health, Education, Labor, and Pensions Committee, and I appreciate what he said and support his efforts.

As a 71-year-old citizen of this country, one who has been in business, has been fortunate to be married 49 years to a wonderful woman and raised a family, one who has been in public life for 40 years, you learn that there are three kinds of people in the world: those who make things happen, those who watch things happen, and those who wonder what the hell is happening.

We have the chairman of the Health, Education, Labor, and Pensions Committee, Senator LAMAR ALEXANDER, who is one of those people who makes things happen. What we are going to do on the Cures bill in this body next week is nothing short of remarkable, but it is an example of somebody who cares and is ready to do the hard work that legislating can bring about.

It is a bill that incorporates many of the provisions of this administration and Members of this Senate, things that have been worked on for years and