the banking business or the financial services business, they are concerned about the overregulation that comes from Dodd-Frank. If they are farmers, they are concerned about the regulation that would take the jurisdiction of regulating our water resources out of the States and putting it in the Federal Government. So that is what this is all about.

So I will tell you how serious this was. The CRA that I had was so significant that the Federal courts came in, in July of 2013, and said that the SEC made several errors in rushing this regulation through. They actually vacated the rule. That was a major accomplishment. I was very proud that I had the courts on my side, for a change.

Anyway, the SEC finalized the second rule under the authority of Dodd-Frank, section 1504, by making some—without any really substantial changes. Nonetheless, this is the one that he first signed.

So thanks to the Congressional Review Act, oil and gas companies are not at a disadvantage when they are competing with State-owned oil and gas companies such as we have in China.

We passed other critical CRAs because regulations tied the hands of our businesses and took local control away from the States. A lot of people in America—and I think a higher percentage of my people in Oklahoma—are really concerned about Second Amendment rights. Of course, we had one of the regulations that went through—in fact, Second Amendment rights, when we talk about the farmers and the ranchers and not just from my State of Oklahoma—we are a farm State—but throughout America, they will tell you that there are problems. Their No. 1 concern was—and I asked the Farm Bureau representative. He said the greatest problem facing farmers is not anything that is found in the ag bill, it is the overregulation by the EPA and specifically what they call the WOTUS bill. The WOTUS bill, which is the one I just mentioned, would take the jurisdiction away from the State and give it to the Federal Government.

I have to say this. When you talk about ''liberals,'' that is not a negative term. It is a reality. It is how much power should be in the hands of the Federal bureaucrats as opposed to individuals and the States. So we have a lot of these regulations. One of the things the CRA has done is, it has taken away an excuse that people will use—I am talking about people in this Chamber who are legitimately liberals and believe we should have more control in Washington—it takes the power away from the Federal bureaucrats because what they can do is go ahead and pass the regulations. Then you go back home and when people are yelling and screaming about being overregulated back in their home States, they say: Don't blame me, blame the unelected bureaucrats. A CRA takes away that excuse because it forces them to actually get on record.

So as chairman of the Senate Committee on Environment and Public Works, we were involved with more of these regulations than any other committee because that is what we do for a living there. So I was very happy to see all of the successes we had.

Let me just mention because I don't think it has been mentioned before—and I will submit this for the RECORD. There are two ways of doing away with these regulations, and one is through Executive orders. I think everybody knows that. But they don't realize what has already been done. I think we have had a total of 30, 31 regulations that have been done away with either through Executive orders or through the Congressional Review Act. Some of the Executive orders, for example, are the WOTUS, the one we have been talking about; clean energy, something which repeals the Clean Power Plan and something which officially ended the war on fossil fuels, I might add; the Executive order on rebuilding the military; the Executive order on the Keystone and Dakota Access Pipelines—we are all familiar with that and the ongoing debate.

Some of the CRAs really aren't talked about too much, and we are talking about regulations that came from the Obama administration that now have been done away with through use of CRAs—the educational rule mandating Federal standards for evaluating teacher performance; the educational rule establishing a national school board, with an effort to get away from local control of the schools; the Interior rule that blocked Alaska from controlling their own hunting and fishing in that beautiful State; the Social Security rule that put seniors on a gun ban list—Second Amendment rights.

All of these things are very significant, and I am very proud, quite frankly, of this body. With the exception of one, we passed all 14 of the CRAs, and I can't think of any time that has been done in the past. So it is a great thing. It did put the power back in the hands of the people who are elected here, and I am very glad to have been a participant in that.

Mr. President, I ask unanimous consent that the complete list of the Congressional Review Act resolutions passed and the Trump Executive actions be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

CONGRESSIONAL REVIEW ACT RESOLUTIONS PASSED

SEC Rule requiring oil and gas companies to disclose their ''playbooks'' on how to win deals. Inhofe-CRA—first signed since 2001; Stream Buffer Zone rule that blocks coal mining; Education rule mandating federal standards for evaluating teacher performance; Education rule establishing national school board; Interior rule that blocked Alaska-control of hunting & fishing; Social Security rule that put seniors with ''representative payees'' on gun-ban list; OSHA rule that changed paperwork violation statute of limitations from 6-months to 5-years. Defense rule that blocked contractors from getting deals if suspected (not convicted) of employment-law violations; Labor rule blocking drug-testing of unemployment beneficiaries; BLM rule blocking oil and gas development on federal lands. Federal Communications Commission rule that would have established 2nd regime of privacy rules in addition to Federal Trade Commission; HHS rule that would make it easier for states to fund Planned Parenthood; Department of Labor (DOL) rule forcing private sector employees onto goverment run retirement plans; DOL rule allowing states to bypass protections on retirement plans.

TRUMP EXECUTIVE ACTIONS

Regulatory reform: requires 2 regulations be repealed for each new regulation; WOTUS: directs EPA to rescind Waters of the United States Act; Energy: repeals clean power plan, other harmful regulations . . . ending War on Fossil Fuels; Mexico City: reinstates ban of fed funds going to NGOs that do abortions; Hiring Freeze: freezes federal hiring (exempted military); Military: rebuilds military; Approves Keystone XL pipeline; Approves Dakota Access pipeline.

Permit Streamlining: expedites infrastructure and manufacturing project permits; Immigration: 90 day suspension on visas for visitors from Syria, Iran, Libya, Somalia, Sudan, Yemen. 20 day suspension of U.S. Refugee Admission Program; Sanctuary Cities: blocks federal Department of Justice grants to sanctuary cities; Dodd-Frank: demands review of Dodd-Frank banking regulations and demanding roll-back; Shrink government: directs federal agencies to reorganize to reduce waste and duplication; Trade: evaluates policies to reduce trade deficit; Opioids: fed task force to address opioid drug crisis; Fiduciary rule: delays implementation of bad DOJ rule; Religious Liberty: Eases enforcement of Johnson Amendment and grants other protections for religious freedom; Offshore drilling: revises Obama-era offshore drilling restrictions and orders a review of limits on drilling locations; National Monuments: Directs a review of national monument designations.

Improves accountability and whistleblower protections for VA employees; Affirms local control of school policies and examines Department of Ed regulations; Reviews agricultural regulations; Reviews use of H–1B visas; Top-to-bottom audit of Executive Branch; Moves Historically Black Colleges and Universities offices from Department of Ed to White House; Obamacare: directs federal agencies to ease burdens of ACA; Establishes American Technology Council; Establishes office of Trade and Manufacturing Policy; Identifies and reduces tax regulatory burdens; ''Hire America, Buy America''; Establishes a collection and enforcement of antidumping and countervailing duties and violations of Trade and Customs laws; Creates an order of succession within DOJ; Revokes federal contracting executive orders.

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

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

MENTAL HEALTH

Mr. BLUNT. Madam President, I want to talk today about a topic that

I think is getting more attention now than it has gotten for some time—but still not the attention it deserves—and that is to talk a little bit in May, which is Mental Health Month, about mental health.

I was on the floor of the Senate the last day of October 2013, the 50th anniversary of the last bill that President Kennedy signed into law, which was the Community Mental Health Act. Through the Community Mental Health Act, you saw the facilities that were about to be closed, but the anticipated alternatives, in so many ways, never really developed. According to the National Alliance on Mental Illness, approximately one in five adults experiences mental illness in a given year, and one in five young people between the ages of 13 and 18 will experience severe mental illness sometime during their lifetime.

The National Institutes of Health says that one in four adult Americans has a diagnosable, and almost always treatable, mental health disorder, a mental behavioral health issue, and that one in nine adult Americans has behavioral health illness that impacts how they live every single day. So whether it is the statistic that relates to one in four or one in five or one in nine, this is an issue that affects the lives of lots of people.

Half of the children in that age group, 13 to 18, rarely get the help they need, and even fewer adults do. About 40 percent of adults who have behavioral health issues receive the treatment they need for that issue. I think we are beginning to make great strides on this. Certainly, the discussion has changed. The opportunity to treat mental health like all other health has changed.

In the 113th Congress, just a few years ago, Senator STABENOW from Michigan and I worked to get a bill passed; it was called the Excellence in Mental Health Act, and we now have eight States that have projects going on. In those eight States—in significant areas of all of those States—behavioral health is being treated like all other health.

The idea is really built on the federally qualified health centers idea, the reimbursement model, where anybody can go, and if you are covered by a government program, that is taken into consideration. If you are covered by private insurance, that is taken into consideration. If you are paying cash, there is a significant and rapidly declining amount of cash that you have to pay because your income gets smaller. But everybody in these States would have access to mental health care, just as they currently have access to other kinds of healthcare.

At the community mental health centers that meet 24/7 standards, that are available, that have the staffing needs, and in other places that have the staff the law requires and the access the law requires, people can go to those facilities, and those providers will know they are going to be reimbursed for treating mental health like all other health.

I am certainly glad that my State of Missouri is one of the eight pilot States in that demonstration program. In our State, we have been—I think by any standard—forward-leaning on this issue for a long time, but not nearly as forward-leaning as we should be or as people who look at the pervasive character of behavioral health issues understand we should be.

When we passed the bill a couple of years ago, we really weren't sure how much interest we would get from States. There was some sense that, well, eight States would be all the States that would even want to do this, if every State that wanted to apply and could go through the application process did so. But, in fact, everybody in the mental health world was encouraged to see 24 States, which represented half of the population in the country, apply to be part of that pilot program—certainly, leading by example here, figuring out what happens.

Frankly, if you treat behavioral health like all other health, I think what many of these States will find—and they may all find—is that the other health costs are much more easily dealt with and, obviously, that not only is treating behavioral health like all other health the right thing to do, but it actually may save money to spend this money. People who have other health problems but who are seeing their doctor because their behavioral health issue is under control may be seeing two doctors. They are taking the medicine they need for behavioral health—if they need medicine for that—but because they are eating better, sleeping better, feeling better about themselves, they are also taking the medicine and getting to the appointments for any other health issue they have.

Early studies indicate that, actually, you save money by doing the right thing and understanding that mental health isn't a topic we don't talk about, but mental health is just another health issue we need to deal with.

We need to be sure that we have providers going forward. We don't have enough doctors in Missouri—or in other States—who are able to treat the increasing number of people who seek treatment. And as doctors retire in these fields, we are going to have an even greater shortage if we don't do something to encourage people to go into this field.

There is a particular shortage in care providers who deal with children. Children and youth who are in need of mental health services and who don't receive them run a greater risk of all kinds of other problems, including dropping out of school, not doing well in school, ending up in the criminal justice system—things that needlessly happen because we haven't stepped forward and viewed their behavioral health problem as we would if they had some other problems.

I was glad Senator REED from Rhode Island and I were recently able to reintroduce a bill called the Ensuring Children's Access to Specialty Care Act. Pediatric medicine doesn't pay as well as other medicine for lots of reasons. One is that children don't have a lot of their own money to pay with, and often their parents don't have it either.

This bill that Senator REED and I introduced would allow physicians who want to specialize in, among other things, child and adolescent psychiatry to be eligible for the National Health Service Corps student loan repayment program. That program is generally not available now to doctors who go on and specialize on the theory that if you specialize, you are going to have more income than the general practice doctor might have. Those programs have always been focused on the general practice doctor, but if you specialize in children's health—whether it is, frankly, psychiatry or any other area of children's health—you are much less likely to financially benefit from deciding to do that. So this would allow those doctors to pursue that program as part of how they help get their loans paid back.

Whether it is physical or behavioral health, children have a unique set of health needs and often a lack of ability on their own to do what needs to be done. Medical residents who practice pediatric medicine require additional training. One of the barriers they cite for not getting that additional training is that they are going to have to have these additional student loans. Hopefully, we can allow ways for them to get into programs that other doctors get into, to see that they continue to be encouraged to be part of pediatric medicine and pediatric specialties.

Also, we are looking at another bill, the Advancing Care for Exceptional Kids Act, commonly referred to as ACE Kids. What ACE Kids does is treat kids who have serious medical problems as exactly that—to have a way to look at health needs and medically complex kids whom you wouldn't look at otherwise, seeing that these particular patients don't have to go through all kinds of barriers to find a doctor, fee for service. Medically complex kids really need help, and I think we could easily design a new and different way to deal with them.

Finally, talking about kids, I want to say one other thing, and that is just to mention that this particular week is Teacher Appreciation Week. I was a teacher after I got out of college, before I had a chance later to be a university president. I think teachers are always inclined to be teachers and try to tell the stories we need to hear. But when we are talking about mental health and teachers, healthcare, mental health, first aid are things that don't allow teachers to become child psychiatrists or mental health professionals but do allow teachers, as they

are watching the students whom they get to know so well, to identify what students need help and what students don't. Often teachers get the first chance outside the child's home to see that they are clearly challenged or may be challenged in ways that are easily dealt with, if they are dealt with, and are really troublesome if they are not dealt with at all.

So while we celebrate Teacher Appreciation Week at the very end of school and Mental Health Month, I hope we commit ourselves to look at these mental health issues for what they are. They are health issues. They need to be talked about. The right thing to do is to deal with them.

I think we are seeing new and better things happen there, but we are not nearly where we should be yet. As I said earlier, when Senator STABENOW and I could go to the Floor on the 50th anniversary of the last bill President Kennedy signed and 50 years later talk about how few of the goals set in that bill have been met in five decades by society, we really have a lot of catching up to do.

I believe and hope we are catching up, and I hope this is a month where people really think about telemedicine, contacts, opportunities, and excellence in mental health in ways we haven't before.

I yield the floor.

The PRESIDING OFFICER. The assistant Democratic leader.

MEDICAL RESEARCH

Mr. DURBIN. Madam President, before the Senator from Missouri leaves the floor, I want to say a word about him and the topic he raised today about health and, in this particular case, children.

Senator BLUNT and I have adjoining States, Illinois and Missouri. We have joined up, as well, on the issue of medical research. I salute him. Even though he is my Republican colleague, I want to make clear that this is a bipartisan issue. He has made it a bipartisan issue. We had the good support of Senator ALEXANDER, Republican of Tennessee, and Senator MURRAY, Democrat of Washington.

The Senator from Missouri has done some amazing things. I want to say specifically for the Record that America owes him a debt of gratitude, as chairman of the Appropriations Subcommittee that is responsible for the National Institutes of Health, the foremost leading medical research agency in the world.

Let me tell you, with his leadership, what we accomplished. For two straight years, Senator BLUNT has been able to raise the appropriations for medical research at the National Institutes of Health by $2 billion or more. The net result of that is that a $30 billion budget has grown to almost $34 billion. What does it mean? It means that researchers don't get discouraged. They stay on their projects. They keep working to find cures.

Secondly, we are making dramatic advances in medicine because of it. His leadership has been absolutely essential. If there is ever a bipartisan issue, this is it. The Senator has been quite a leader in this regard.

I want to salute you for that while you are on the floor on the topic of healthcare and children.

Mr. BLUNT. Madam President, I appreciate my good friend's comments on this but also his commitment to seeing that we make this happen. As he mentioned, this is a bipartisan effort, but it is an effort that had about a 10-year lag, and we are doing our best to dramatically catch up with what is really an important time in healthcare research.

Mr. DURBIN. I thank my colleague from Missouri. I will tell you that he set a standard. I hope that both parties will agree that this is the starting point. For every year's budget, the starting point is at least a 5-percent real growth increase in medical research.

Thank you, Senator BLUNT, for your leadership.

HEALTHCARE LEGISLATION

Madam President, I also want to address an issue that came up in debate last week in the U.S. House of Representatives; that is, the question of the repeal of the Affordable Care Act. This is an issue where reasonable people can disagree about how exactly to run our healthcare system.

But at the end of the day, I hope that, as with medical research, we can all come together with some basic issues. Congress should not pass a law taking away health insurance coverage from Americans. Let's start there. Congress should work together on a bipartisan basis to find ways to reduce the cost of healthcare and health insurance premiums. I think we should agree on that too.

Third, we have to find a way to make sure that consumers and families across America are protected with health insurance that is there when they need it. Now, it was a little over a week ago when I became a statistic—not just a Senator but a statistic—in healthcare. I went through a heart catheter procedure in Chicago last week on Tuesday. After that procedure—which turned out just fine; thank you—I am a statistic. I am a person in America with a preexisting condition. I have to check that box that says I have had a heart procedure.

It used to be if you checked a box like that—diabetes, asthma, whatever you checked—it ended up having a direct impact on what you paid for health insurance or whether you could even buy it. There were people who survived cancer—children, adults—who could not buy health insurance because they were too big a risk for health insurance companies.

Well, we changed that. The Affordable Care Act changed that and said: Just because you have a preexisting condition—and one out of three Americans has one—you should not be denied coverage. Now, the House of Representatives passed a bill that allows Governors literally to take away that requirement in health insurance plans. What are they thinking?

Do they think they are so darn lucky that they will never have an accident, never have a diagnosis where they end up with a preexisting condition? It can happen to anybody, and it does. So what the House of Representatives did in this regard is a step backward.

They also changed the Medicaid system. People have this image, when you say Medicaid: Oh, that is the same as Medicare. No, Medicare is for seniors and disabled people. Medicaid is a policy of health insurance that is available for people who do not have a lot of money. Well, who qualifies for that? Well, it turns out that the largest number of people who qualify for Medicaid are children and their moms.

In my State of Illinois, half of the kids who are born in the State are covered by Medicaid. So the moms, when they need prenatal care to make sure the babies are healthy, and the babies, when they need care after the hospital, rely on Medicaid. But that is not the most expensive thing when it comes to Medicaid. The most expensive thing in Medicaid are your moms, your grandmoms, and granddads who are in nursing homes. You know what happens? They reach a point where they need to be in a place where folks can watch them and help them.

They have medical issues and age is taking its toll. But many of them get there, and all they have is Social Security and Medicare, and it is not enough. So Medicaid steps in and supplements it so that your mom, your dad, or your grandmother can stay in that place, which is good for them, secure, safe, and with the right kind of healthcare. The other group that relies on Medicaid the most in their daily lives are disabled people, folks who are born with a disability or have acquired one in life and they need ongoing medical care they cannot personally afford.

Children and their moms, elderly folks in nursing homes, and disabled people depend on Medicaid. So what does the Republican bill that passed the House of Representatives do to the Medicaid Program across America? It ends up cutting over $800 billion in coverage. What it means in Illinois is that 1 million people—out of our 12.5 million population—are likely to lose their health insurance because of the action taken by the House of Representatives.

Even my Republican Governor in Illinois came out publicly and said what they did in the House of Representatives is disastrous for our State. It has a significant negative impact on the cost of healthcare and the coverage of health insurance. So why would we want to do that? Why would we want to take health coverage away from the groups I just mentioned?

Do we want to put less money in prenatal care? Well, if we do, we run the risk that children will be born with problems and challenges that could