

choice that States shouldn't have to make, and it doesn't have to be that way.

Minnesota is not alone. Five other States and the District of Columbia will see their funding dry up by December, and 25 more States will exhaust their funding by early next year.

Pretty soon, thousands of families could receive notices informing them that their coverage will be terminated. Imagine for a second what that moment would feel like. You have a son or a daughter with a serious medical condition, and, perhaps, they are even in the hospital. You find out that their health insurance is going to be cut off because the Republican-controlled Congress couldn't get its act together to continue funding for a bipartisan program that has been in existence for decades. I would be livid. That is why we have to act now.

For most of this year, the Republican majority has been consumed with destructive and counterproductive debates focused on repealing ObamaCare. They have done little else. That meant that not only did we blow past the funding deadline for the Children's Health Insurance Program, but we also blew through the funding deadlines for community health centers and the National Health Service Corps program. Now this critical reauthorization is on hold because Republicans can't agree on how to pay for it. This comes just a week after Republicans in the Senate endorsed the budget to increase the debt by up to \$1.5 trillion over 10 years for tax cuts that will largely benefit the wealthiest Americans. In fact, the Tax Policy Center estimates that 80 percent of benefits of the Republican tax plan would go to the top 1 percent of income earners in this country.

This is truly a case of the absurd. When it comes to providing healthcare for needy children and keeping Americans healthy, Republicans are saying they can't do it unless it is paid for, and, often, that means making cuts to other safety net programs in which vulnerable individuals rely. But when it comes to tax cuts for the wealthy, which costs many, many, many, many times more than the cost of providing children with health insurance, my Republican colleagues are perfectly happy to do that without demands for offsets and, instead, adding costs to the debt. This is not responsible budgeting, and it is not just kids that stand to lose under this type of budgeting approach. Let me tell you about the other programs at risk in my State of Minnesota.

In Minnesota, there are more than 70 community health center clinics that receive a total of \$27 million in funding to care for the uninsured and the underinsured in the State. If this funding is not reauthorized soon, these community health centers and the patients they serve are going to experience serious losses and not just financial losses.

Take, for example, Sawtooth Mountain Clinic, which provides care to

some of the most isolated and rural counties up in the northeastern corner of my State, in the Arrowhead. Sawtooth reports that it would lose up to \$1 million, which would force them to cut back on staff and services, having a drastic ripple effect across the entire community.

The CEO of the clinic in Grand Marais explains:

We are the only clinic and providers in all of Cook County—

Parenthetically, that is a big county—

and also one of the only providers serving the Grand Portage band.

That is the band of the Chippewa or Ojibwe.

Since 1965, Congress has provided this stable and critically important funding that supports our isolated and rural communities. Congress needs to do its work and needs to act now.

Similarly, without funding for the National Health Service Corps—this is what the program does. It provides financial support and loan repayment for clinicians who practice in underserved areas. I know the Presiding Officer must be interested in that, as Alaska has some underserved areas and needs providers to serve in those areas. Many providers, including those in greater Minnesota, will not be able to recruit or hire new staff.

In a recent news article, the chief executive of a Minneapolis-based network of clinics stated that the National Health Service Corps Loan Repayment Program offered him a unique bargaining chip against the larger health systems. Without this program, he believes he wouldn't be able to successfully compete for providers.

Look, I recognize how we got here and where the time and energy has been spent over the last few months, and I am proud that we were able to abide by the will of the people and successfully stop the effort to repeal the ACA and strip healthcare from millions of people. I would hope that we would recognize that we have here historically bipartisan legislation to reauthorize funding for children's health insurance coverage and other safety net programs. It is incumbent upon us to act, and act now. We have to reauthorize these programs so that Minnesotans and millions of the families across the country are not unnecessarily and unfairly harmed as a result of our inaction.

In the same news story I referred to earlier, the CEO of NorthPoint Health & Wellness, another safety net clinic in Minnesota, stated:

There is a high degree of anxiety for staff and for some of our patients. . . . I think Congress understands that we are vital to the safety net and they have to continue to support the community health centers.

Let's work together to pass this legislation so we don't let these clinics and the patients they serve down. It is time to act, and time to act now.

Thank you very much, Mr. President.

The PRESIDING OFFICER. The Senator from Colorado.

WILDFIRE FUNDING

Mr. BENNET. Mr. President, in recent months, Americans have been hit by a string of natural disasters—from devastating hurricanes in Puerto Rico, Florida, and Texas, to catastrophic wildfires in Oregon, Montana, and California. Earlier this week, the Senate voted to provide urgent relief to our communities in need.

Although Colorado was fortunate this year—we could have easily had fires, but we were very fortunate, unlike Montana, this year—we know the devastation of wildfires all too well. In 2012, the Waldo Canyon fire raged for 16 days, incinerating 18,000 acres, destroying over 300 homes, and forcing the evacuation of more than 32,000 Coloradans. Years later, our communities are still recovering from the damage.

Out West, wildfires can be catastrophic events. Yet Washington continues to fund them differently than other major disasters, such as hurricanes, tornadoes, or floods. When those disasters strike, we pay for emergency response from an entirely separate account. When a wildfire catches, that cost falls entirely on the U.S. Forest Service. If it is a catastrophic fire, as we see now in Montana and Northern California, those costs can easily exceed the Forest Service budget for fire suppression. That forces the Forest Service to borrow funds from other accounts to make up the difference. That is something no one has to do for any other disaster in America. This is often at the expense of efforts to prevent the next catastrophic fire.

It stands to reason that if we spend less and less on fire prevention, which is what the Forest Service is doing every year because of the way the Congress has set this up, we are going to spend more and more on fire suppression, fighting fires, and that is what is happening. That is exactly what has happened.

In 1995, the Forest Service spent around 16 percent of its budget on fire suppression—16 percent. Last year, it spent over half of its budget. For the first time in the Forest Service's history, they spent over half their budget fighting fires. You might as well call it the fire-fighting agency, not the Forest Service agency. In fact, the number was closer to 60 percent. The Forest Service had to borrow over half a billion dollars from other accounts in the agency—accounts that are important to Colorado, Wyoming, and Alaska.

While we replenished those accounts in disaster aid packages earlier this year, we once again failed to address why they were depleted in the first place. Until we do, we are going to find ourselves in the same position every year. This is no way to run a government. It makes no sense from a fiscal perspective, and it makes no sense from a public welfare perspective. This is not how we should manage our taxpayer dollars. Undercutting fire prevention is the definition of being penny wise and pound foolish. Every dollar we

spend on disaster prevention leads to \$5 of savings down the road.

We need to reinvest in fire prevention and in forest mitigation. In Colorado, our forests are in terrible shape. And it is not just Colorado citizens who need to care about that; anybody who lives downstream of our rivers, which are States all across America, needs to care about the condition of those headwaters. Those headwaters that are owned by the public, entrusted in the Forest Service, are in terrible shape because of this Congress's inability to deal with this.

We have over 800 million dead standing trees in the State of Colorado alone. Our communities, our watersheds, and our infrastructure are at risk. The Forest Service knows how to do this. They know how to mitigate that—by thinning timber and managing prescribed burns. But right now, all of those projects are on hold because the Forest Service anticipates having to fight more catastrophic fires next season. This is ridiculous. This is an affront to the people of Colorado and the people of the West.

We have a solution. It is a simple solution. Let's pay for fire suppression the same way we pay for other disasters. Our bill, the Wildfire Disaster Funding Act, would do just that. It is backed by seven Democrats and, I am very proud to say, by four Republicans. Unlike a lot of issues in Washington, both parties actually agree on the solution.

I know the administration is eager to fix this problem. Secretary Perdue knows that the current system makes no sense. He said as much at his confirmation hearing and again when he invited—and I so much appreciated this; we didn't ask—a bipartisan group of Senators to the Forest Service in September to discuss this. He knows that important wildfire mitigation projects are not getting done. He wants to fix the problem, and we should. It is far past time. This makes no sense from a fiscal point of view.

I know some colleagues in this Chamber would prefer to couple our proposal with broader forest management reforms. I have been part of forest management discussions in the past, and I want to continue those discussions. In fact, in the last farm bill, we worked across the aisle to improve forest management.

Let's be clear. For years now, efforts to link broad forest management reform with a funding fix have failed. They will not pass the Senate. Each year we do nothing, we continue to shortchange fire prevention, the good people who work for the Forest Service all across the country in our States, and we needlessly expose our communities to greater risks.

We have to act—Colorado and the West cannot wait another year—and we will have a chance when Congress votes on another disaster package over the next few months. We should use that opportunity to finally fix this problem

and put the Forest Service in a stronger position to prevent the next catastrophic fire.

I thank my colleague from Wyoming for his patience and for his leadership on the Budget Committee.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, while I am disappointed that we didn't continue the tradition of alternating speakers, I am glad that I got to hear both of the previous speakers.

I used to work with the Senators from Colorado to make sure that there were pictures taken annually from the same spots to show the way the trees are dying. There was an infestation that was causing this. The only reason we don't still take those pictures is all the trees are dead. You can't show that it is spreading when they are all dead. They need to be cleaned up, and I am glad there is work being done on forest management.

On healthcare, there is some effort being made between Senator ALEXANDER and Senator MURRAY to get a bipartisan bill, but what we need to do around here is get some of the appointments finished up so that the President can have the people in place to solve these problems. We are having to spend 30 hours on the cloture of a district judge. I have never heard of that. I have been here 21 years now, and I have never heard of that. We have to get the appointments through. That is one of our prime jobs—to provide advice and consent for the President—and it is not happening on a timely basis.

We have had to do 44 cloture motions on different people for the administration. At this point in President Obama's first term, that had only happened five times. With the previous President, it hadn't happened at all, and the previous one, it had only happened once. Already 44 times this year, it has taken us around 30 hours to get somebody through the process, and we have hundreds waiting to get through the process. That is one of our primary jobs. If we can't get those through the process, it is pretty hard for us to do the legislation we need to do.

VETERANS CHOICE PROGRAM

Today, Mr. President, I rise to express my serious concerns on behalf of our Nation's veterans. This is a huge problem in Wyoming. Wyoming is the least populated State in the Nation. If it is a huge problem there, it has to be even greater in States across the country, and I am sure it is a problem in all of them.

In 2014, we learned that several veterans died in Arizona—a lot of veterans died in Arizona while staff at the Phoenix VA medical center entered false information about their wait times and appointments. They kept getting delayed. Later that year, we found that such scheduling manipulation was widespread, including in my home State of Wyoming. Congress responded by creating the Veterans Choice Pro-

gram to help veterans get care in their communities and to get it promptly.

Unfortunately, Wyoming veterans are continuing to experience delays and limited access to care. I have heard from many Wyoming veterans who have been unable to receive the care they need and many providers who have been unable to get reimbursed for medical services. Some doctors and facilities have ended their participation in VA Choice because it is taking too long to get reimbursed or they are unable to get reimbursed at all and they are having to do a tremendous amount of paperwork in order to even get to that final reimbursement. Sometimes when they finally get payment, the check is made out to the wrong provider. Time and again, I hear reports of how difficult it is to get simple answers, let alone care or provider reimbursement, from the VA and the contractor administering the program in Wyoming.

The consequences of this poorly run program are ultimately borne by the veterans. In a frontier State like Wyoming, losing access to one specialist can mean losing access to the only specialist in the area.

Sadly, Wyoming veterans continue to tell me about these problems because the situation isn't getting any better—that is in spite of my having the Secretary in my office and then having him bring his staff in, who had provided the terrible statistics that they were working from.

One such veteran was waiting for a surgery followup and cancer screening and can't go to the same doctor now because VA Choice never paid them. Another veteran was not able to access vision care. Another could not access necessary neurological care because of reimbursement issues. I have even been contacted by veterans who are worried that they will go into collections because of claims that have not been paid by the Choice Program—not by them but by the Choice Program.

Without improvements to the program, our veterans will have to continue to wait for needed care, and their quality of life will continue to be negatively impacted.

I mentioned before that we are the least populated State in the country, and we have so many problems that I send a weekly list to the Secretary. I can't imagine what it is like in a high-population State.

We created VA Choice to better serve the healthcare needs of veterans, not to create a new source of uncertainty about whether they will be able to get the care they need. That is unacceptable. It defeats the entire purpose of the program. Until Congress steps in to improve the program, more providers will drop out of the program and more veterans will be harmed. These men and women have given our country so much, and they deserve quality care in an efficient manner. Their providers need to be paid on time so our veterans can get the treatment they need. When