

Further, Ms. Baiocco has formerly pledged in her ethics agreement that she would recuse herself from matters involving her firm, Jones Day, or its clients unless issued a waiver. She also specifically stated in her ethics agreement that she will not “participate personally or substantially in any particular matter involving specific parties in which [she knows] a client of her spouse is a party or represents a party” unless authorized. Additionally, she has complied with all matters concerning the management of her financial assets in the future.

It is my firm belief that Ms. Baiocco’s experience will afford a unique perspective as a commissioner and serve the CPSC well. There is no legitimate reason to delay her confirmation any further. I, therefore, urge my colleagues to support her nomination.

I yield the floor.

The PRESIDING OFFICER (Mr. CRUZ). All time has expired.

The question is, Will the Senate advise and consent to the Baiocco nomination?

Mr. THUNE. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Colorado (Mr. GARDNER) and the Senator from Arizona (Mr. MCCAIN).

Further, if present and voting, the Senator from Colorado (Mr. GARDNER) would have voted “yea.”

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from Maryland (Mr. CARDIN), and the Senator from Illinois (Ms. DUCKWORTH) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 50, nays 45, as follows:

[Rollcall Vote No. 103 Ex.]

YEAS—50

Alexander	Flake	Paul
Barrasso	Graham	Perdue
Blunt	Grassley	Portman
Boozman	Hatch	Risch
Burr	Heller	Roberts
Capito	Hoeven	Rounds
Cassidy	Hyde-Smith	Rubio
Collins	Inhofe	Sasse
Corker	Isakson	Scott
Cornyn	Johnson	Shelby
Cotton	Kennedy	Sullivan
Crapo	Lankford	Thune
Cruz	Lee	Tillis
Daines	Manchin	Toomey
Enzi	McConnell	Wicker
Ernst	Moran	Young
Fischer	Murkowski	

NAYS—45

Baldwin	Casey	Gillibrand
Blumenthal	Coons	Harris
Booker	Cortez Masto	Hassan
Brown	Donnelly	Heinrich
Cantwell	Durbin	Heitkamp
Carper	Feinstein	Hirono

Jones	Murphy	Smith
Kaine	Murray	Stabenow
King	Nelson	Tester
Klobuchar	Peters	Udall
Leahy	Reed	Van Hollen
Markey	Sanders	Warner
McCaskill	Schatz	Warren
Menendez	Schumer	Whitehouse
Merkley	Shaheen	Wyden

NOT VOTING—5

Bennet	Duckworth	McCain
Cardin	Gardner	

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table and the President will be immediately notified of the Senate’s action.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to concur in the House amendment to S. 2372, a bill to amend title 38, United States Code, to provide outer burial receptacles for remains buried in National Parks, and for other purposes.

Johnny Isakson, Roger F. Wicker, John Thune, John Cornyn, Richard Burr, Mike Crapo, Tom Cotton, John Boozman, Thom Tillis, Jerry Moran, Joni Ernst, David Perdue, Roy Blunt, John Hoeven, Bill Cassidy, Dan Sullivan.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the motion to concur in the House amendment to S. 2372, a bill to amend title 38, United States Code, to provide outer burial receptacles for remains buried in National Parks, and for other purposes, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Colorado (Mr. GARDNER) and the Senator from Arizona (Mr. MCCAIN).

Further, if present and voting, the Senator from Colorado (Mr. GARDNER) would have voted “yea.”

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from Maryland (Mr. CARDIN), and the Senator from Illinois (Ms. DUCKWORTH) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 91, nays 4, as follows:

[Rollcall Vote No. 104 Leg.]

YEAS—91

Alexander	Graham	Paul
Baldwin	Grassley	Perdue
Barrasso	Harris	Peters
Blumenthal	Hassan	Portman
Blunt	Hatch	Reed
Booker	Heinrich	Risch
Boozman	Heitkamp	Roberts
Brown	Heller	Rubio
Burr	Hirono	Sasse
Cantwell	Hoeven	Schatz
Capito	Hyde-Smith	Schumer
Carper	Inhofe	Scott
Casey	Isakson	Shelby
Cassidy	Johnson	Smith
Collins	Jones	Stabenow
Coons	Kaine	Sullivan
Corker	Kennedy	Tester
Cornyn	King	Thune
Cortez Masto	Klobuchar	Tillis
Cotton	Lankford	Toomey
Crapo	Leahy	Udall
Cruz	Manchin	Van Hollen
Daines	Markey	Warner
Donnelly	McCaskill	Warren
Durbin	McConnell	Whitehouse
Enzi	Menendez	Wicker
Ernst	Moran	Wyden
Feinstein	Murkowski	Young
Fischer	Murphy	
Flake	Murray	
Gillibrand	Nelson	

NAYS—4

Lee	Rounds
Merkley	Sanders

NOT VOTING—5

Bennet	Duckworth	McCain
Cardin	Gardner	

The PRESIDING OFFICER. On this vote, the yeas are 91, the nays are 4.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 1:03 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

VETERANS CEMETERY BENEFIT CORRECTION ACT

The PRESIDING OFFICER. Cloture having been invoked, the clerk will report the House message to accompany S. 2372.

The senior assistant legislative clerk read as follows:

House message to accompany S. 2372, a bill to amend title 38, United States Code, to provide outer burial receptacles for remains buried in National Parks, and for other purposes.

Pending:

McConnell motion to concur in the amendment of the House to the bill.

McConnell motion to concur in the amendment of the House to the bill, with McConnell amendment No. 2246 (to the House amendment to the bill), to change the enactment date.

McConnell amendment No. 2247 (to amendment No. 2246), of a perfecting nature.

McConnell motion to refer the message of the House on the bill to the Committee on Veterans Affairs, with instructions, McConnell amendment No. 2248, to change the enactment date.

McConnell amendment No. 2249 (to the instructions) amendment No. 2248), of a perfecting nature.

McConnell amendment No. 2250 (to amendment No. 2249), of a perfecting nature.

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, we have all seen the headlines across the Nation about the VA Choice Program and how it has failed our veterans. I wish to share some of those headlines from my home State of Montana.

From Montana Public Radio, the headline was: "Montana Hospitals: New VA Program Fails To Pay."

From NBC Montana, the headline was: "New problems for Veterans Choice in Montana."

From the Billings Gazette, the headline read: "Painful truth about Montana VA."

As I travel around the State, as I hear from veterans who come back to Washington, DC, I personally have heard from them, from countless healthcare professionals, from our hospitals regarding payment delays, long waiting times, and elusive runaround on the most basic services.

Under the Choice Program, our veterans did not receive the healthcare they deserved. However, the bipartisan MISSION Act will follow through on the promises that were made to our veterans. Rural veterans will get greater, easier, quicker access to the care they need. Whether a veteran lives 20, 30, or 40 miles from a VA clinic, they can go elsewhere if the VA does provide them with the services they need. It brings VA care into the 21st century by encouraging telemedicine and strengthens oversight of opioid prescriptions. Veterans will have more access to doctors because there will be measures holding companies accountable—companies like Health Net—for how they manage the new program. It provides scholarships to encourage medical and dental students to serve in the VA, and it creates a new loan repayment program for medical students who are training in specialties that are currently lacking in the VA.

This is one of the big problems we have. We can't fill the slots with medical professionals in the VA. It is about time we take meaningful steps toward fully delivering on the promises we have made to our veterans.

On this Memorial Day week, I wish to share that we have passed my bill to name VA clinics in Missoula and Billings after Montana veterans David Thatcher, Dr. Joseph Medicine Crow, and Benjamin Steele. My bill has been sent to President Trump's desk for his signature. With the passage of the MISSION Act, these three clinics will be delivering new and improved care and will also display the names of three Montana World War II heroes. I urge my colleagues in the Senate to join me in supporting the VA MISSION Act.

I yield back my time.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I come to the floor today to bring attention to a particular provision of the bill now

before the Senate—a provision that would do so much to help our country fulfill its promise to our veterans—and that is to expand and strengthen the VA's caregiver program.

This program may not be well known outside of military family circles, but, make no mistake, the caregiver program could be a game changer for the estimated 5.5 million people across this country who put their lives on hold to care for a loved one who returned from service with illness or injury.

I met one of those caregivers not too long ago in my home State of Washington. Tiffany Smiley wears many hats. She is a mother, a wife, a nurse, and a veteran caregiver. She and her husband Scotty first met back in junior high, and years later they were married. He signed up to serve our country and Tiffany became a military spouse. Then, in 2005, she got the call every military family fears. Scotty had been severely injured in a suicide bombing in Iraq. He was alive, but he lost his eyesight permanently.

As Tiffany describes it, her world was shaken to its core, and their lives were never the same again. But Tiffany, like so many other military spouses, didn't think twice about whether she would care for her husband and their growing family. It was just a matter of how she could do it. To this day, Tiffany is an amazing advocate for the caregiver program and what it has meant to her and to her family.

She describes both the good days and the bad days, so those of us not in her shoes can understand some of the challenges they face. She does it because she knows she is not alone. She knows that sharing her experience is making a difference to educate the rest of the country about what it means to be a veteran's caregiver.

It is so true. I heard from countless people who, when their loved one came home from service with an injury or illness, made big life changes by quitting a job, scaling back their hours, or taking leave from college. They put big purchases, retirements, and dream vacations on hold or they took on more parenting responsibilities. You name it. They sprang into action and did what they needed to do, because that is just what you do when it is someone you love.

We know that the care military caregivers provide comes at a cost. Several years ago, the Dole Foundation commissioned the largest ever study of its kind to examine the sacrifice of military caregivers. It showed that some caregivers spend more than 40 hours a week caring for veterans. That is the equivalent of a full-time job, and that takes a toll. The study showed that caregivers have significantly worse health than noncaregivers. They run a higher risk of depression because they put their own physical and mental well-being on hold. The stress of providing care can strain relationships and increase divorce rates. So caregivers—or, as they are often called, our

hidden heroes—don't necessarily wear a uniform or go overseas, but they sacrifice a whole lot and they serve our country in ways most people find unimaginable.

That is why expanding the caregiver program to veterans of all eras is so important, because the program provides resources and support, including training and counseling, a stipend, access to healthcare, respite, and more.

This bill expands the support services for caregivers to address their still unmet needs. That includes offering financial and legal advice to deal with the many complex and difficult challenges that arise that are unique to being a caregiver.

Not only does the caregiver program recognize the sacrifice of caregivers, but it also puts decisions about care into the hands of the veterans and their loved ones. They can decide to be at home with onsite care or on their own terms and as independent as possible. That is really important. The fact that we are so close to getting this program expansion across the finish line goes to show how far we have moved this conversation. That is also why we have to keep pushing it forward—so veterans and military caregivers never feel like they have to face these problems alone, because the reality is that if a servicemember is hurt while fighting for our country, the responsibility of care should never fall to only one family. It is the responsibility and the duty of our entire Nation to have their backs and give them what they need.

We can't stop until we get this done. We can't stop until every veteran and military caregiver knows that their country is there for them on their terms, no matter what. I am so proud that the caregivers program expansion is front and center in the VA MISSION Act now before the Senate. On behalf of Tiffany and Scotty and all of the other military families out there, I urge my colleagues to express their support for this critically important program.

I yield the floor.

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

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

Cloture having been invoked, the motion to refer and the amendments pending thereto fall.

The PRESIDING OFFICER (Mr. HOEVEN). The Senator from Alaska.

TRIBUTE TO RICH OWENS

Mr. SULLIVAN. Mr. President, as my colleagues know, one of the best times of the week for me is when I get to come down to the floor and talk about some of my great constituents back home in Alaska, somebody or a group of Alaskans I refer to as the "Alaskan of the Week."

We all think we come from great States, but what I really enjoy about talking about the Alaskan of the week is not just talking about Alaska and how beautiful and big and majestic it is but also about the people who make it such a great place. In this "Alaskan of the Week" presentation, I want to talk about not just Rich Owens, whom I am going to talk a lot about this afternoon, but also small businesses in Alaska—in this case, in Anchorage, my hometown. As you know, the owners of these businesses really make a positive impact on communities like Anchorage or States like Alaska or really the whole country.

When you think of Alaska, you think of food. Particularly right now, as spring is in full swing, you think of our delicious salmon. I have good news for all the salmon lovers out there: Copper River salmon season opened last week. It is some of the best wild salmon on the planet. You might also think about our halibut and black cod, king crab, shrimp, and oysters. We actually serve that to our fellow Senators here when we have lunch. I know the Presiding Officer loves Alaskan seafood.

I want people to actually realize that some of our food is ice cream. I know that sounds strange—ice cream in Alaska. In fact, it is said that Alaskans consume more ice cream per capita than any other State in the country. Go figure on that one. That doesn't surprise Rich Owens, our Alaskan of the week, who is the owner of the bustling Tastee Freez on the corner of Jewel Lake and Raspberry Road in Anchorage. That Tastee Freez, which opened in Anchorage at a slightly different location 60 years ago, is one of the oldest Tastee Freezes in the country, and it sells more ice cream than any other Tastee Freez in America. That is remarkable. Rich also claims the largest menu of any Tastee Freez in the United States.

Like so many of our great small businesses, it is much more than just an ice cream store. To those who live in Anchorage and many who live across the State, Rich's Tastee Freez is an institution. It is a bulwark for the community, thanks largely to Rich's ownership. Since he bought the business in 1994, he has made giving back to his community his top priority in so many different ways beyond running that great small business.

Rich was raised in a small town in Montana. His father was a pharmacist, and his parents owned a drugstore. Giving back to the community was something he saw his parents do every single day. "It was not the exception," Rich said, "it was the rule."

Rich came to Alaska in the 1980s to work at what is now the Millennium Hotel—another great business in Alaska. In 1994, he bought the Tastee Freez. Since that time, Rich has donated his time and energy and, importantly, his philanthropy to our great State and our community. Let me provide a few examples.

Rich is a huge champion for our schools. That can mean delivering up to 400 sundaes to elementary schools when they have a family reading or math night. He helps fund school trips for students who need help. Every year, each elementary school that he works with stages a Tastee Freez takeover. School staff members work shifts behind the counter, and Tastee Freez employees wear school T-shirts. Those takeovers are widely advertised and popular, and Tastee Freez donates a portion of that day's take to the school. He is very focused on community.

Rich has also formed a work-study partnership with high schools. He guesses that the average age of his 28 employees is 17 years old—about the age of our pages right here listening so intently. For so many Alaskans, it was their first and some say their best job ever, working in that Tastee Freez Rich owns. He has donated his time, energy, and talents to successful summer camps that teach young Alaskans about the outdoors and important values. One of his assistant managers began to work at the shop when she was 15 years old. She is 31 years old, and she met her husband at the shop. This is a great community small business.

Rich is also a huge supporter of our military, our veterans, and the National Guard. As we are approaching Memorial Day weekend and as we are literally debating a very important Veterans Affairs' bill on the Senate floor right now, it is important to remember the thousands of Alaskans and the literally millions of Americans who are veterans and those like Rich, who are supporting our veterans day in and day out.

For example, Rich has been part of the Alaska National Guard's Operation Santa Claus each Christmas holiday, which flies Santa Claus and a bag of presents, toys, school supplies, and fresh fruit to some of the most remote, far-flung Alaska villages each year during the holidays. These kids and these communities love it. Of course, Santa and his helpers also bring Rich's ice cream. Thanks to Rich, the kids get ice cream in the winter. Every year, he serves thousands of 5-ounce sundaes to these young kids in our villages—some who have never seen sprinkles or caramel toppings on their ice cream. For his efforts, Rich is known in my State as the commander of the Alaska National Guard Ice Cream Support Squadron.

Just a few weeks ago, the Tastee Freez in Anchorage—Rich's great small business—celebrated 60 years of service to the community. In case you want to know whether this is a popular small business in our community, over 1,000 people showed up at this celebration. They served 1,644 small ice cream cones, not including the dipped cones and sundaes that day—all free of charge.

I was there for that great celebration. Senator MURKOWSKI was there.

Congressman YOUNG was there. Our Governor was there. Tastee Freez corporate officers from the lower 48 flew up to Alaska for this big event. They had never seen anything like it. This is the No. 1 Tastee Freez in the country. But what most excited Rich that day was all the people there he had served throughout the years, including the hundreds of people who used to work at the shop, who met their spouses at Tastee Freez and then had children, and those children now go there, and some even work there.

That is what a small business with heart can do for a community. It can provide young people with their first real job. It can bring us together. It can provide a sense of community. It can serve the community. And, of course, it can be a delicious place of memories for families. That is what the Tastee Freez in Anchorage has done, and that is why we want to congratulate Rich on being our Alaskan of the week and thank him again for all the great things he has done for our State and community.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. MORAN. Mr. President, I am pleased to be back on the Senate floor this afternoon in support of the VA MISSION Act. I was here last Thursday, and, in part, I paid tribute to Senator MCCAIN. We greatly miss him here on the Senate floor. I personally—and I know my colleagues also—wish he were here to help us determine a path forward and to find the solutions to problems. Senator MCCAIN is an expert in caring for those who have served us in the military and taking care of our military retirees and our veterans. So, again, I use this moment on the Senate floor to pay tribute to my colleague Senator MCCAIN and to thank him for his service to our Nation and his willingness to work side by side with me as we develop legislation that deals with the issue of community care for veterans across the country.

I highlighted last Thursday that challenges at the VA have caused Congress to respond, and that response involves Choice, legislation that now exists in which, under certain circumstances, veterans have the ability to find and be provided care within their communities. They can see their hometown physician and be admitted to their hometown hospital under certain circumstances.

The Choice Program has worked well for many veterans, just as the VA itself internally works well for many veterans. But I know from my own experience as a Member of the U.S. Senate

that Kansans have experienced significant challenges with VA programs, especially with the Choice Program, in which the bureaucracy seems to inhibit the ability of the VA to provide the care that veterans across Kansas are seeking.

I indicated last week that currently within our office, we have 80 cases in which we are dealing with veterans who are facing challenges from something they need from the VA and are not receiving. I looked at the numbers prior to that since I have been a Member of the U.S. Senate. There have been 2,650 occasions in which a veteran sought help from their U.S. Senator for something we would expect them to be entitled to based upon their service to our Nation. We are grateful to those veterans, and we want to make sure they are honored and esteemed. At the same time, we want to make sure the promises that were made to those who have served our Nation are kept.

The legislation before us that has been approved by the House of Representatives and is now in front of the Senate has been entitled the VA MISSION Act. We were actually successful in honoring Senator MCCAIN by including his name in the title. Again, I appreciate his willingness to help create the Choice Program and now to reform and extend it.

One of the challenges I have taken upon myself is to make certain we don't simply—nothing is simple around here—just extend the current Choice Program. We have worked to reform it and improve it and make it more likely that the challenges of those 80 veterans who are seeking help from my staff or those 2,650 who have sought help from my staff are a lot less.

So I judge the efforts in this legislation with this challenge: What are we doing to reduce the problems veterans encounter in seeking the help they are entitled to? In a conversation with my staff, I asked them to give me the top 10 reasons why this legislation is a good thing; tell me what are the top 10 reasons a Member of the U.S. Senate should vote for this legislation.

Incidentally, when we pass it, it will be forwarded to the President. President Trump has indicated his strong support for this legislation, so there is every indication the President will, of course, since he supports the legislation, sign it into law and will do so prior to Memorial Day, a time in which we again pay respect to those who have served our Nation.

My top 10 list became 12, and I would guess that if given more time and greater ability to spend time on the floor, that list of 12 could be expanded to a much longer list, but let me share with my colleagues reasons that I think it is important for this legislation to be approved and to be sent to the President.

Again, I was a skeptic early on. I wanted to make certain that we did something significant and not just extend the Choice Program into the fu-

ture but make significant changes. The challenge has been trying to make certain the VA does things we want them to do, that they follow the letter of the law of legislation we pass, and they follow the intent of Members of Congress. In regard to the Choice Act that passed now 3 years or so ago, it was hard sometimes to see that the VA was implementing that legislation the way it was written or the way it was intended.

No. 1 of the top 12 reasons this legislation should be approved is that this legislation makes certain the VA executes the law consistent with the intent of Congress. It mandates coordination with Congress as it develops rules and regulations under this new legislation.

The goal I expect to be successful in achieving is to prevent the VA's ability to narrow or limit the program's opportunity to serve veterans as was intended by this law and, more importantly, as they deserve.

No. 2, this legislation consolidates community care programs. There are seven different community care programs within the VA in which a veteran can access care away from the hospital—the big brick buildings that most of us have in our States; usually in the most populated areas of our States—and those seven community care programs are consolidated into one community care. That will reduce the bureaucracy at the VA but will also make it more understandable for our veterans and for the providers, including doctors, hospitals, and others who provide care to veterans today, in those community care programs—one program, not seven.

No. 3, we want to improve care coordination. By that we mean the quality of the relationship that a veteran has with the VA and what that relationship means in terms of them accessing care today and tomorrow and care related to their circumstances. This legislation requires the VA to provide a coordinator of care for veterans utilizing care in the community to ensure continuity of care and service in a timely manner. This will make it an easier task for a veteran to receive what they need, and it ensures it is done in a timely way. It also prevents lapses in care by increasing the communications between the veteran and the VA community provider.

No. 4, the legislation reforms eligibility. This is an important one. They are all important, but this one is especially important to me.

Under the Choice Act under which we operate today, the VA was instructed to allow a veteran who lives more than 40 miles from a VA facility or it takes more than 30 days for that veteran to receive his or her care at the VA—to provide, under Veterans Choice, that care in a community setting. Eligibility was defined by a narrow circumstance. However, having said that, it was never clear whether a veteran would qualify.

That 30-day, 40-mile criteria empowered the VA to make decisions that

often left a veteran who seemingly should be eligible, ineligible for care in the community. This legislation removes the 30-day, 40-mile requirement and replaces it with the criteria of what is in the best interest of the veteran. That is pretty important and pretty basic. One would expect that always to be the circumstance, but the criteria is changed now to what is in the best interest of the veteran, and the VA must meet clearly defined, routinely reviewed criteria as to whether that veteran is eligible to have community care if he or she desires it. So we are reducing the discretion. The decision is still made between the veteran and the VA, but we have narrowed the amount of discretion the Department of Veterans Affairs has and left the opportunity for the veteran, when it is in his or her best interest, access to care in the community.

So it is clearly defined, and the criteria is routinely reviewed to make sure access is available and that quality standards are met.

No. 5, if it turns out that the veteran disagrees with the decision made by the Department of Veterans Affairs as to whether he or she is eligible for care in the community—whether or not it is in his or her best interest—then there is an appeal to the hospital director in that person's area. In Kansas, this would be an appeal to the hospital director at the Colmery-O'Neil Hospital, at the Dwight Eisenhower Hospital in Leavenworth, or the Dole VA Hospital in Wichita.

Today, when a veteran is denied access to care in a community, their only recourse is to call their Congressman or to call their U.S. Senator to complain and have us go to bat. While we are all willing and we welcome the opportunity to serve those who have served us, the reality is, no one—and certainly no veteran—should have to call their U.S. Senator in order to get the VA to provide care that is in their best interests.

So this now gives a different route and hopefully a much more convenient route for veterans. We wouldn't have had the 2,650 cases if we had this provision. The veteran could have the opportunity to have their decision about their care—what is in their best interests—determined by the VA at home. So there is recourse for a veteran who is dissatisfied with the outcome.

No. 6, this provides full access for episodes of care. What our veterans have faced in using the Choice Act to date is, they will get a referral to a physician, but then the physician decides the veteran needs lab work or an x-ray. Unfortunately, that meant the veteran had to return to the VA to seek additional approval for the lab work and additional approval for the x-ray.

So we have redefined what it is the referral involves, which is they are referred for an episode of care. That means the lab work and the entire episode of care is treated in completion in

the community. No longer is the veteran required to re-call, re-request the VA to give them additional reauthorization.

No. 7, the legislation also mandates regular market assessments to determine what care is available in the community and where the Department of Veterans Affairs excels. We know the Department of Veterans Affairs has many medical programs, care, and treatments that veterans want and need, in which they excel. This gives us a better understanding—the veteran, the Department of Veterans Affairs, and us as Members of Congress in our oversight responsibilities—to know what is available within the VA and what is available in the community, and that lends itself to the determination of what is in the best interests of the veteran.

No. 8 of the list of 12 is something that is important to us as Members of Congress who have veterans who come from rural areas. We have 127 hospitals in Kansas; 88 of them are designed as critical access hospitals. It is a designation under Medicare, and it provides a cost-based reimbursement for that healthcare provider. It means our smallest hospitals in our smallest communities have a Medicare reimbursement rate that is designed to keep them in business, to keep their doors open.

Unfortunately, the Choice Act, in its current form, only requires the VA to reimburse at Medicare rates. That Medicare rate was never interpreted by the VA to be the rate that hospital received for Medicare patients, only a more standard Medicare rate. This legislation requires that the care be paid for at that critical access hospital designation rate. The same, I hope, is true for our rural health clinics, so physicians and hospitals receive the amount of money they would receive if they were treating a Medicare patient.

Why is this important? It is important because it encourages our hospitals to accept veterans into the community care program. The amount of reimbursement they would receive would be the same or similar to what they receive in caring for a Medicare patient, and our hospitals, in that circumstance, are hanging on financially by a thread anyway. It is a challenge to keep hospital doors open in our smallest communities. This gives them a reimbursement rate that increases the chance that the revenue is sufficient to cover the cost. It will encourage more hospitals to accept Choice community care patients, and it will increase the chance of those patients being alive and well into the future.

No. 9, this bill allows for access to walk-in care. Something that is changing in our delivery healthcare system is the ability to go to a pharmacy and have your blood pressure taken or get an inoculation, a vaccine. So access to walk-in care is becoming more common across our State and around the country. This allows our veterans to

receive, under this community care program, care from local walk-in clinics, convenient care clinics, and federally funded health centers, giving veterans the same access to nonemergent convenience care that people other than veterans now receive.

Allowing walk-in care at your local clinic is a much more convenient and a much more cost-effective way of addressing the issue of access to care across the State of Kansas and around the country.

No. 10, this legislation provides additional funds to maintain the Veterans Choice Program during its development and implementation. One of the challenges we faced is the inability of the Department of Veterans Affairs to determine actually how much money is required to keep the Choice Program going. This legislation keeps the program in place while we transition.

I serve as a member of the Appropriations Committee, and I have chaired the subcommittee that funds the Department of Veterans Affairs. We have been worried that every time there is a shortfall in the money available for Choice, we will see the VA reduce the number of veterans who qualify for care and therefore starve the program, and the networks that have been built up with healthcare providers in the community will disappear. So this is stabilizing. It is a process issue, but it is important because it allows for care to continue during the interim as we move to this new legislation.

No. 11, it increases access to telemedicine. The VA is known as a high-quality provider of telemedicine, but this is an opportunity to expand that, especially for rural veterans or specialty care, where it is expensive for that care to be provided—and we don't have providers in every VA setting—or if where a veteran lives is so remote that getting to the Department of Veterans Affairs hospital is a challenge. The State of Kansas has lots of rural communities and long distances—it can be a 4- or 5-hour drive.

I have been joined on the floor by the Senator from Montana, the ranking member on the Veterans' Affairs Committee on which I serve. The Senator from Montana understands very well the challenges rural veterans face in getting access to care when it is a distance away.

Finally, No. 12, we are going to work hard to foster innovation within the Department of Veterans Affairs. This legislation creates the VA Center for Innovation for Care and Payment, allowing the VA to more efficiently develop and carry out pilot programs to test and check out innovative solutions and approaches to improving the care for veterans, improving access to care, improving the cost associated with that care, and trying to find ways we can better assist our veterans in a more cost-effective way.

I again reiterate my support for the VA MISSION Act and honor Senator MCCAIN, for whom this legislation is

named. I look forward to its passage. I am encouraged by the vote that occurred as we moved forward with this bill. I think there were 94 Senators who voted in favor of it. It has broad support.

It was my pleasure to work with my colleagues on the Veterans' Affairs Committee.

I now yield the floor to the Senator from Montana, Mr. TESTER.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, I thank Senator MORAN for his kind comments.

I want to begin my comments by acknowledging the chairman of the Senate Veterans' Affairs Committee. We would not be here today taking up the VA MISSION Act without the leadership of Senator JOHNNY ISAKSON of the majority. He is a fierce advocate for veterans, and he has been an incredible pleasure for me to work with. The bipartisanship and collaboration on our Senate Veterans' Affairs Committee happens because we leave politics at the door. That is possible because of JOHNNY's personality and leadership style, as well as his commitment to the veterans of this Nation.

I would also like to thank the many veterans service organizations that have weighed in and provided positive feedback on the VA MISSION Act. Thirty-eight veterans organizations representing millions of veterans and service men and women nationwide support the VA MISSION Act. They have been asking for Choice reform and responsible investment in the VA, and this bill gets it done.

I also thank the House Veterans' Affairs Committee for working with us in getting a bill drafted that we can all be proud of.

At the beginning of this Congress, we set out to draft a bill that reforms community care and also strengthens the VA. As Senator MORAN pointed out, coming from a State like Montana—a rural State, 147,000 square miles—I know we cannot have a VA clinic in every community, but veterans cannot always drive 2 hours to the nearest VA clinic, and they certainly can't afford to wait months for an appointment. That is why we need private healthcare to fill in the gaps when the VA cannot deliver that healthcare.

I also know how much veterans need the services they get from a VA clinic. In my dozens and dozens of face-to-face listening sessions with veterans, they have told me that the kind of care they get from the VA is important. They are surrounded by their peers, many of whom have experienced the mental and physical implications of being in combat. VA doctors and nurses know how to treat PTSD, toxic exposure, and other wounds unique to their service.

The best defense against any effort to privatize the VA or send veterans wholesale to the private sector is to make sure the VA is living up to our promise to veterans. The VA MISSION Act recognizes that there is a balance

between VA care and community care and invests in medical and clinical staff to serve veterans at the VA. It builds capacity within the VA, and it uses the private sector to fill in the gaps where the VA falls short.

It takes the bill that JOHNNY and I wrote, the Caring for Our Veterans Act, and adds a few things, but the foundation of this legislation is something Senator ISAKSON and I have written over the course of the last year with veterans groups. So I am incredibly proud to be standing here today to hopefully push this bill to the President's desk.

The Choice Program was created with an important mission: to make it easier and faster for veterans to get healthcare. It hasn't worked like that for many veterans—veterans like Tom, a retired U.S. Navy commander of the Vietnam war, a Montanan. In his 24 years as a Navy pilot, Tom spent a lot of time yelling to be heard over the roar of an engine. That took a toll on his ability to hear. Three years ago, he began the process of getting hearing aids from the VA. He got his hearing test done, but when it came time to order the hearing aids, Tom was told that he wasn't authorized.

The nearest VA facility to Tom was almost 3 hours away, so he and his wife decided to drive to the closest civilian clinic, which was about 45 miles away in Sandpoint, ID, just across the line from his home in Noxon, MT. There, he hit another snag. After weeks of back-and-forth visits, the authorization was again denied because he was not a resident of Idaho. So he returned to square one. He drove 5 hours to Fort Harrison in Helena, 250 miles away.

With assistance from my office, he got the authorization for those hearing aids. Tom had to drive two 5-hour roundtrips to a Choice provider in Kalispell, but a few months later, he finally received his hearing aids.

All in all, Tom drove nearly 20 hours to get those hearing aids, and I am here to tell you that it shouldn't be that hard for a veteran to get the healthcare they have earned from the VA. Do you know what the worst part is? There was an audiologist in Tom's hometown the entire time who could have helped him if the VA had just realized how important it was to access that audiologist instead of driving 20 hours down the road.

Unfortunately, Tom is not the only veteran with a story like this. I could tell you about a veteran in Lake County who had several appointments scheduled through the Choice Program, and then he was told he wasn't eligible for Choice at all—after his appointment. When he caught pneumonia, my office stepped in and got him the care he needed through the Choice Program. I could tell you about Bruce, a veteran in Billings who couldn't get a followup appointment through the Choice Program after his hip surgery. He was told he wouldn't wait more than 5 days, and then he couldn't get anybody on the

phone. We were able to help him get the followup care he needed. Terry, in Butte, got a procedure done through the Choice Program. It was approved, completed, and then he was told he didn't qualify for the Choice Program. Again, this U.S. Senator had to step in so Terry didn't have to foot the bill for his healthcare.

I could go on and on. Veterans across the State of Montana have called my office for help since the Choice Program was started. Their frustrations over issues like scheduling, reimbursements, or traveling long distances for care are a sorry way to say thank you to those folks who have served this country.

It shouldn't take a Senate office stepping in to make sure the government lives up to its promises to America's veterans, so Chairman ISAKSON and I wrote a bill that reforms the entire system. We negotiated with the House, the White House, veterans, and advocates to move our bill forward.

The Caring for Our Veterans Act was a giant step forward. Thanks to the leadership of the House Veterans Affairs Committee and our effort, the Caring for Our Veterans Act is included in the VA MISSION Act.

Our bill gets rid of seven different community care programs, including Choice, and replaces them with one community healthcare system with a streamlined set of rules for veterans, local providers, and VA staff. It will be much easier to understand.

Under the MISSION Act, if a veteran wants to get care in their community, they can have a discussion with their doctor and decide what is best. VA doctors and nurses won't have to spend time figuring out which program to refer a veteran to.

Local providers who see veterans won't be waiting months for payments from the VA. A new, streamlined payment system will make sure they are getting paid in a timely manner.

Our bill holds the VA accountable and requires them to create a business plan to tell us exactly how the agency will spend taxpayer dollars if and when they ask for additional funding.

Our bill brings more providers to work at the VA, especially in rural and Tribal areas and vet centers.

The bill breaks down barriers along State lines that prevent veterans from accessing mental health care closer to home.

The bill expands the VA Caregiver Support Program to veterans of all eras and their caregivers. This was a provision Senator MURRAY worked on very hard. It was the right thing to do, and Senator ISAKSON made it a priority of his.

The VA and community care are equally important parts of the VA healthcare system. It will either starve the VA to death and empower rural community hospitals or, as this bill does, strike a balance—the right balance—between investing in the VA's ability to provide care for our veterans

and cutting the bureaucracy when it makes sense for a veteran to go to a local doctor.

The VA MISSION Act is a bold, bipartisan product of working together that puts healthcare decisions in the hands of veterans and breaks down barriers to healthcare wherever it makes the most sense for a veteran to get the care they need.

This Nation owes our veterans much more than a thank-you. Veterans deserve a healthcare system that works for them regardless of where they live, what medical condition they are struggling with, or their means. Our bill gets rid of a one-size-fits-all system and creates a more efficient and easier to navigate system for veterans.

I urge the Senate to pass the VA MISSION Act to send the message that saying thank you isn't enough for those who put their lives on the line for our Nation. We are going to deliver them a healthcare system that is worthy of their service.

Mr. President, I turn the floor over to Senator JOHNNY ISAKSON, chairman of the Senate Veterans' Affairs Committee.

THE PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, before the Senator from Montana leaves, I wish to thank him for 3 years of dedicated service and the last 2 in particular as we put together the pieces of shrapnel—which was the original attempt to make Choice work—to be a streamlined program that is going to work for all of our veterans.

JON TESTER has been a magnificent ranking member and a magnificent leader. I appreciate very much the kind things he had to say about me, and I say ditto to you.

I also thank Chairman PHIL ROE, of Tennessee, in the House of Representatives. He has been a stalwart.

The reason we are able to act today and tomorrow—as the House did last week—and pass a bill before Memorial Day is because both bodies have worked together, and the votes have been overwhelming. Our motion to invoke cloture this morning was 91 to 4. The House passed this 3 to 1 when they passed it in final passage. So obviously there was a lot of unanimity, but that should not be a disguise for the effort it took. It took a lot of effort to get to where we are and a lot of people doing that effort—a lot of Republicans, a lot of Democrats, a lot of staff. There was a tremendous amount of staff time. We went from doing the art of the impossible to making the art of the possible, with everybody working together, leaving our political weapons at the door, and putting our good heads together to make the Veterans' Administration system better for our veterans.

My speech is not going to be long because Senator MORAN and Senator TESTER have covered the types of examples the new Choice Program brings for all our veterans—a real choice, a real opportunity to make the private

sector a force multiplier for access to healthcare for our veterans but also make our healthcare system for our veterans accountable—accountable to the most important people of all, and that is our veterans.

It does a few other things too. It creates a caregiver program for the Vietnam-era veterans. That hasn't been talked about much on the floor, but PATTY MURRAY on our committee and SUSAN COLLINS from the Republican caucus in the Senate have for years tried to get caregiver benefits for Vietnam-era veterans and veterans of other wars which were not covered previously. With the passage of this bill, they will be covered for those basic essentials of life and necessities. They will have that covered for them, and we will get it done.

Those veterans who came home from a terrible war in Vietnam with many injuries we had never seen people survive before also need care we never thought we would have to pay for before, but we are doing it now with caregivers for that generation, which is my generation. I am proud to say that we are finally looking after them and are seeing to it that they are included and are working hard on doing so.

We have also made Choice accountable to the veterans, working for our veterans and making our VA better at a lower cost to the taxpayers than it would have been otherwise, were we providing that service solely by the VA. You get choices, you get quality, you get better service, and you get a better VA for our veterans.

There have been a lot of people who have made this happen. Senator JOHN McCAIN originally introduced the idea of Choice 4 years ago. He founded it, and that is why his name is a part of the title of this bill. We could not have done this without John. He is a great American hero, a great colleague, and through our prayers and our blessings, we wish for him to recover as he is in Arizona.

I want to thank Joan Carr, my chief of staff; Trey Kilpatrick, my deputy chief; Jay Sulzman; Amanda Maddox; Ryan Evans; Sal Ortega; and Kristine Nichols. My staff has been phenomenal. They have done a great job. They put up with a lot. They have worked hard, and we got here because of them.

Also, I thank the other unsung heroes of the Committee on Veterans' Affairs who have helped JON TESTER and me and all our members to see to it that we covered every item, dotted every i, and crossed every t: Bob Henke, our staff director; Adam Reece, who deserves a special shout-out and who, the last couple of weeks, has done double duty and done a great job to get us to where we are today; Leslie Campbell; Maureen O'Neill; Jillian Workman; David Shearman; Camlin Moore; Thomas Coleman; John Ashley; Mitchell Sylvest; Heather Vachon; and Pauline Schmitt. We could not have done our job as elected officials were it not for those people who tirelessly worked

long hours to see to it that we got it done.

Here we are in the U.S. Senate. I am speaking with my First Amendment rights. You are gathered in the Gallery today and watching this at home on C-SPAN because of the First Amendment, gathering because of the amendment that allows us to freely assemble without fear of retribution by the government. Our Bill of Rights are the rights we operate under, and we wouldn't have them at all were it not for our veterans.

Next Monday we will celebrate Memorial Day. We will give thanks for every veteran who sacrificed their life and gave the ultimate sacrifice for you and for me. It is not unreasonable to think back and say: You know, had our soldiers not done what they did in World War I and World War II, we might be speaking German or Japanese today rather than English. Because they fought for us in the two great World Wars, they secured and preserved our liberty and freedom, and we speak today as free Americans, and we enjoy the freedom that only democracy could give. That is what we owe our veterans. We owe them everything. Without them, we wouldn't have the protections we have today.

As Memorial Day approaches, I love to tell my favorite story about the great reminder I have of what Memorial Day is all about. It is all about a veteran, Roy C. Irwin, from the State of New Jersey. I have never met Roy; I never knew him. When I was in Margraten in the Netherlands at the U.S. cemetery where over 8,000 Americans are buried from the Battle of the Bulge, my wife and I spent an afternoon paying tribute and respect at the graves of our veterans and our soldiers. We walked down the road to look at the Stars of David and the crosses, paused for a minute at each headstone, and gave a prayer of thanks for the veterans who had sacrificed everything so that we could be there.

Then something happened to me that I have never forgotten, and it could happen to any one of you if you ever go to one of those cemeteries and visit. I came upon a headstone, a cross, and I stopped and read it. It said: Roy C. Irwin, New Jersey, private, died, killed in action 12/28/44. I froze in place; 12/28/44 was not just the day that Roy C. Irwin died in the Battle of the Bulge fighting for us. It was the day I was given birth by my mother in Piedmont Atlanta Hospital in GA.

There I was, standing at the foot of someone who had died on the day I was born. He gave his life so that I could enjoy mine.

Since that time, I have had 73½ years in which I have been able to be a free citizen of the United States of America, all because of lots of things but nothing more important than Roy C. Irwin and thousands like him who volunteered to fight for our country, to call on the forces of evil wherever they might be. They won our freedom, main-

tained our independence, and saw to it that you and I could be here today. I have always stopped to give thanks every Memorial Day for all of those who pledged and gave the ultimate sacrifice so that I could be here to make a sacrifice for you.

I look at our pages in the room today, and I think about my children and my grandchildren. I am so happy they had the opportunity to grow up in the United States of America and so happy you have the ability to serve here today in the United States of America. Remember this: You and I are both here because of one thing. This is a country full of brave volunteers who, when the bell tolls, answer the bell and go fight for America, fight for our freedom, fight for our peace, and fight for our liberty.

So strike one for liberty when we vote on the final passage of the VA MISSION Act. Vote for better healthcare for our veterans, the choices of our veterans, caregivers for our veterans who haven't had them in the past. Give thanks. And with your vote for that bill here, we will have to continue to pay our debt to those who sacrificed or offered to sacrifice the maximum sacrifice for us.

This is a great country for lots of reasons. You will never find anyone trying to break out of the United States of America. You always find them trying to break in. There is one big difference over any other; that is, those who have fought and died so that we could be free and American citizens forever.

May God bless our soldiers, may God bless our country, and may God bless the United States of America.

I yield back my time.

The PRESIDING OFFICER (Mr. FLAKE). The Senator from Connecticut.

GUN VIOLENCE

Mr. MURPHY. Mr. President, 2 days before the tragic shooting in Santa Fe, which has rightly dominated the news for the last several days, Texas experienced another mass shooting when a man killed his three children, his ex-wife's boyfriend, and himself. Mass shootings are generally characterized as incidents where four or more people are shot at one time. It is a catastrophic event for a community to have four people shot in one instance. That shooting 2 days before the Santa Fe school shooting was the 100th mass shooting in the United States of America in 2018. We average about a mass shooting every single day in this country.

In the 3 days following the Santa Fe High School shooting, there were around 88 gun deaths and 222 gun injuries in this country. That is a big number. It is the most in any 72-hour span so far in 2018.

Rightly, our attention has been directed toward the community of Santa Fe as they try to recover from the unrecoverable—another targeting of children in a school in this country. It is important to remind ourselves that no

matter whether the shooting happens on a street corner, in a school, in a movie theater, or in one's home, the devastation for those who lose their brother or their sister or their husband or their wife is no less or no greater, whatever the circumstances may be.

In the 3 days after Santa Fe, as the country could have been deluded into thinking that was the only shooting of any consequence in the country, 88 people lost their lives from guns, and 222 others were shot and survived—part of the 33,000 a year, 2,800 a month, and 93 on average a day who are killed by guns in this country. It is a mix of suicides and accidental shootings, domestic violence incidents, mass shootings, and homicides, but there is no other country in the world in which the number is this big.

There have been 5,531 deaths from gun violence in 2018 alone. That is according to Gun Violence Archive. Twelve hundred kids have been killed or injured, and we are not even halfway through the year.

Our rate of gun violence in this country is 20 times higher than that of all our other competitor OECD nations. It is not because our schools are less safe. It is not because we have more instances of mental illness. It is not because we have more troubled young men. It is not because we spend less money on law enforcement. You control all of the other factors that people claim to be the reason for these crimes, and it cannot—it does not—explain why this epidemic is happening here and nowhere else.

What is different about the United States is that we have the loosest, laxest gun laws of the OECD nations. What is different about the United States is that in shooting after shooting, killing after killing, we do nothing. We do nothing of substance or significance to condemn or change this trajectory of violence.

I argue to you that would-be shooters who are contemplating acts of mass violence—who clearly have had something go wrong in their mind to consider such a thing—see our silence as a green light. Of course, we don't mean it that way, but when we refuse to do anything other than make minor tweaks to Federal gun laws year after year, young men who are contemplating doing something like this, seeing no substantial condemnation or change in law, pervert that silence into permission.

I think that is what is happening today. That is why I argue that we have become complicit in these murders, whether we think we are or not. We are grieving hard for Santa Fe, but we are grieving hard for all of the other victims.

I sat with the President at the White House a few months ago as he told us he was going to fix this problem. He was lying. He wasn't telling the truth. He had no intention of fixing the problem. The President had the gun lobby in the next day, and all of a sudden the

discussion evaporated. He talked a lot in that meeting about school safety and arming teachers, but it is important to note that Santa Fe High had adopted really aggressive measures to prevent a school shooting. They had re-source officers who were armed, two of them. They had approved a plan to arm teachers, though they had not started to do so. They had gone through a very successful lockdown. They had won an award for that response. In this school they thought they were ready, and they weren't.

This has to be about a conversation rooted in data. The data will tell you that more guns will not solve this problem and that for every time a gun you own is used in self-defense, there are four times that a privately owned gun is used in an unintentional shooting, seven times that a privately owned gun is used in an assault or murder, and 11 times that a gun is used in a suicide. The data doesn't back up the fact that more guns are going to solve this problem.

Beyond the data, there are these faces, there are these people, there are these lives that were cut short. I want to spend the remaining few minutes telling you a few of their stories. I have tried to do that over the years—to come and put a hole in the data and let you know who these people are whom we have lost.

On average, psychiatrists and mental health professionals tell us that when one person is killed by a gun, there are 20 other people who experience trauma or some level of trauma.

In Santa Fe, we think a lot today about Cynthia Tisdale. She was 63. She was a substitute teacher for children with special needs. She got married when she was 17 years old, and she took care of her ailing husband. He was very sick for 47 years. He said:

She was a good woman. She watched out for me.

Her son said:

She loved to help children. She didn't have to do it. She did it because she loved it.

Cynthia Tisdale is gone at 63.

Sabika Sheikh was 17 years old. Unlike the others who were killed in that school, she didn't have any family in the United States. Santa Fe was her adopted community. She was staying with a family. The family she left behind, her adoptive family in Texas, said: "We loved her and she loved us," adding that the "root of our issues is love because when people love each other, these kinds of things don't happen." Sabika dreamed one day of being a diplomat and working to empower women. She died at age 17.

Christopher Jake Stone was 17 as well. He was the youngest of three siblings in Santa Fe. He and his siblings were known as the "three Stones." His sister said:

Being a brother was his best job. He was always there if someone needed someone to listen to or some cheering up. Definitely the life of the party, and one of the most understanding, open-minded kids I know.

She said in a Facebook message: "He had a lot of heart."

Two days later, to give you a sense of the scope of this, Kimberly Phillips was in a parking lot at a Shell gas station in Chattanooga, TN, when her ex-husband found her, shot her, and then killed himself afterward. It was a murder-suicide, one of the thousands partner-on-partner incidents of domestic violence that happen in this country.

One of her coworkers at the senior living community where she worked said:

Today I lost one of the most caring, loving caregivers I have ever had on my team. . . . She loved her residents and took their care very seriously.

She was 48 years old.

The day before that, Sherrell Wheatley was walking home from feeding one of her neighbor's dogs in Dayton, OH. Her neighbor said that she did this all the time. She cooked a lot, and she would cook all the scraps and take them to feed the neighbor's dog. She was walking home, and she was shot as a bystander in a driveby shooting. She was a mom, grandma, aunt, an active member of her local community, a volunteer in the local elementary school, and a pillar of kindness.

Her son, a quadriplegic who relied on her care, said:

That was my mom—

She was helping people, even at the moment she died.

I loved her. She was my angel, she was my everything, and somebody snatched that away from me.

Those are just 5 of the victims who died over a 2- or 3-day period of time—32,000 a year, 2,200 a month, 93 a day—and we are doing nothing.

I appreciate some of my colleagues working on a minor adjustment to our background check laws earlier this year. I am not saying that is totally inconsequential, but it doesn't match up to the moment.

What is wild is, we are the only ones who don't think we should do anything. Americans have woken up to what is happening, and they are desperate for us to change the laws. In fact, 97 percent of Americans think we should pass universal background checks. By a 2-to-1 margin, people think we should get these assault weapons and military-style killing machines off the streets. People support things like what we did in Connecticut, requiring people to get local police permits for carrying a handgun. These are not controversial outside of the U.S. Senate.

Increasingly, Americans have come to realize that no one is safe. In that heartbreaking video, a young woman, I think just hours after the shooting, was asked by a newscaster whether she found it hard to fathom that the school shooting had happened at her school. To paraphrase her answer, she said: No, I wasn't surprised. It happens everywhere, and I just figured it was a matter of time before it happened here.

Nicole Hockley, who lost her son at Sandy Hook, says all the time that she

never, ever expected to be one of these parents grieving the loss of a child. She reminds everyone she talks to that you don't imagine you will be in that situation either, but if you don't do something about it, if you don't stand up and speak truth to power, it might be you too.

I will continue to come to the floor and tell these stories—these voices of the victims who have been silenced through gun violence. Hopefully, at some point, we will wake up to the need for change.

I yield the floor.

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

The PRESIDING OFFICER (Mrs. HYDE-SMITH). Without objection, it is so ordered.

TAX REFORM

Mr. THUNE. Madam President, tax reform is working. The results of two surveys released last week show that tax reform is doing exactly what it is supposed to be doing for American workers.

Our goal with tax reform was simple: make life better for American workers. So we took action to put more money into Americans' pockets right away. We cut tax rates across the board, nearly doubled the standard deduction, and doubled the child tax credit. Americans are already seeing this relief in their paychecks.

We knew that tax cuts, as essential as they were, were not enough. In order to make life better for American workers, we also needed to make sure Americans had access to good jobs, good wages, and good opportunities, the kinds of jobs and opportunities that would set them up for security and prosperity in the long term. Since jobs and opportunities are created by businesses, that meant reforming our Tax Code to improve the playing field for businesses so that they could improve the playing field for workers, and that is what we did.

I am proud to report that it is working. Last week, the National Association of Manufacturers released the results of its recent tax reform survey, and here is what the survey showed: 77 percent of manufacturers planned increased hiring as a result of tax reform, 72 percent planned to increase wages or benefits, and 86 percent report they plan to increase investments, which means new jobs and opportunities for workers. These are tremendous results, and they are exactly what we were looking for with tax reform.

Government can make sure it isn't taking too much out of Americans' pockets, but it can't create the jobs and opportunities Americans need for long-term economic security and prosperity. Only businesses can do that. But government can make sure that

businesses are free to create jobs by making sure they are not weighed down with burdensome taxes and regulations, and that is exactly what we set out to do with tax reform.

Before the Tax Cuts and Jobs Act, the government was not helping businesses to create jobs. In fact, it was doing the opposite. That had real consequences for American workers. A small business owner struggling to afford the hefty annual tax bill for her business was highly unlikely to be able to hire a new worker or to raise wages. A larger business struggling to stay competitive in the global marketplace while paying a substantially higher tax rate than its foreign competitors too often had limited funds to expand or increase investment in the United States.

When it came time for tax reform, we set out to improve the playing field for American workers by improving the playing field for businesses as well. To accomplish that, we lowered tax rates across the board for owners of small and medium-sized businesses, farms, and ranches. We lowered our Nation's massive corporate tax rate, which up until January 1 was the highest corporate tax rate in the developed world. We expanded business owners' ability to recover investments that they make in their businesses, which frees up cash that they can reinvest in their operations and their workers. We brought the U.S. international tax system into the 21st century by replacing our outdated worldwide system with a modernized territorial tax system so that American businesses are not operating at a disadvantage next to their foreign competitors.

Now we are seeing the results. I will say it again. Seventy-seven percent of manufacturers are planning to increase hiring, 72 percent are planning to increase wages or benefits, and 86 percent are planning to increase investments, which creates new jobs and new opportunities for American workers.

I haven't even mentioned last week's other survey on small businesses. The National Federation of Independent Business released a survey last week that shows that 75 percent of small business owners think that the Tax Cuts and Jobs Act will have a positive effect on their business. The survey also showed that among small business owners who expect to pay less in taxes next year, 44 percent plan to increase employee compensation, and more than a quarter plan to hire new employees.

Those numbers may get even better. As the survey shows, small businesses are just starting to explore all the benefits of the new tax law since small businesses, unlike large businesses, don't have full-time tax departments to plan for and take into account the new tax changes. Most small businesses spend the first part of each year focused on preparing and filing their taxes from the prior year, not to mention running their businesses, which means, with tax day now behind them,

they are just now having the chance to explore the benefits of the Tax Cuts and Jobs Act. In addition, their tax advisers—many of whom are often small businesses themselves—have also wrapped up most of their filing season responsibilities, so now they can help their small business clients with factoring the new tax changes into their business plans.

American workers had a tough time during the last administration. Wages stagnated, and jobs and opportunities were often few and far between. But thanks to the Tax Cuts and Jobs Act and other Republican initiatives, our economy is turning around. Unemployment is at its lowest level in more than 17 years. Economists have upped their projections for economic growth. And the good news for American workers just keeps piling up—more jobs, more opportunities, higher wages, and better benefits. The American dream is roaring back, and the future is looking bright.

I yield the floor.

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. MANCHIN. Madam 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 REQUEST—S. 2906

Mr. MANCHIN. Madam President, I ask unanimous consent that notwithstanding rule XXII, the Senate proceed to the immediate consideration of S. 2906, which is at the desk; that the bill be read a third time and passed, and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from North Carolina.

Mr. TILLIS. Madam President, reserving the right to object, I want to thank my friend Senator MANCHIN. He and I serve on the VA Committee. I know he is absolutely committed to trying to do the best we possibly can for our veterans. We may have a disagreement on what he has in mind for this particular unanimous consent request, but I don't think there is any daylight between us in terms of what we are trying to do for veterans.

I look forward to working with the chair to get to a good place and to address in the Senate committee some of the concerns he has. For that reason, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. MANCHIN. Madam President, I would like the right to proceed.

I thank my good friend from North Carolina, Senator TILLIS. He is always willing to work in a bipartisan way. I thank him very much.

We have concerns about the VA and all of our veterans. He is in a State that has a tremendous population, and

I am in a State with a tremendous population of veterans. I am disappointed there is an objection to my bill.

I rise to speak to my frustration that the Asset and Infrastructure Review, or the so-called AIR Act, provision is being included in what is otherwise a very good package. I thank Chairman ISAKSON, Ranking Member TESTER, and Senator TILLIS for all their hard work on the overall MISSION Act.

The MISSION Act is going to do so many good things. It is going to streamline how we provide non-VA care. It is finally expanding caregivers for veterans of all eras, and it will make it easier for the VA to hire high-quality providers.

I am against adding the AIR, which is the Asset and Infrastructure Review Act, or I like to call it the VA BRAC. This bill could be detrimental to rural veterans.

The AIR Act provision was supposedly added by House Republicans to the MISSION Act because the Senate insisted the caregivers bill be included. I am a proud cosponsor of the caregivers bill because it does not make sense to give a benefit to one era of veterans and not give it to them all.

I thank my colleague Senator MURRAY for the year she has dedicated to the caregivers issue. The AIR Act was never voted on or discussed in the Senate Veterans' Affairs Committee. The House Caregivers companion bill is bipartisan and has 90 cosponsors. We could pass this bill without the AIR Act in a heartbeat.

While I am generally supportive of efforts to cut waste, the AIR Act will not come close to paying for this bill. Instead, it puts rural hospitals and facilities like those in West Virginia in the crosshairs of the VA bureaucrats and technocrats who do not know my veterans and what they need.

The last time there was an asset review—the CARES Commission—was in the early 2000s. It recommended closing the acute inpatient hospital beds and contracting for acute care in the community for the Beckley VA Medical Center. Only after stakeholders yelled and screamed did the Secretary not follow their recommendations.

Today, those 25 acute care beds and 5 ICU beds are vitally important, not just to our Southern West Virginia veteran community but the entire community. Administrators at the surrounding hospitals have told me they could not absorb the Beckley VA patient load. We were lucky then to have vocal stakeholders holler and scream and a Secretary who listened, but will we be so lucky in the future? Furthermore, should veterans have to endure the uncertainty their VA hospital or CBOC may not always be there for them?

My veteran population is nearly 40 percent Vietnam veterans. In the last 10 years, there was a nearly 20-percent decrease in my veteran population because our World War II and Korean veterans are dying, and our Vietnam veterans are not getting any younger.

If we send this Commission in and they do the analysis, my fear is, resources and funding will be realigned away from our patriotic West Virginia veterans—Phoenix gets picked over Clarksburg; Los Angeles over Beckley; Washington, DC, over Martinsburg; and Orlando over Huntington.

I feel sure the VA will follow the law, hold their public hearings, and read statements put in the Federal Register, but they will still have the power to close or downsize West Virginia facilities. Just because you are a veteran living in a rural area does not mean you don't deserve the same quality and access of care that you would receive in an urban area.

Is this truly about taking evaluation of waste or is this the slow filing away of the VA infrastructure as we know it?

I am aware the MISSION Act just passed out of the House 347 to 70. I have a lot of good friends on both sides of the aisle who want the overall bill. It has the support of the national veterans service organizations, and the effects of this bill will not likely come into being until 2025. I will not be serving in the Senate then. Yet, for the sake of the veteran population in West Virginia, I have to say something publicly.

The AIR Act could have detrimental second and third order effects in our communities. If this bill passes with the AIR Act in it, the powers that wish to downsize the level of care we give to veterans will see it as a victory, but they should be prepared for robust and exhaustive oversight by me and my colleagues on the committee. If we don't have the market assessments, access to other population data, and if the central office doesn't start filling some of the healthcare provider vacancies in West Virginia VA medical centers, I will reluctantly put a hold on some nominees for this Commission. I am going to encourage my colleagues from rural States who represent rural areas to do the same.

Thank you.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. TILLIS. Madam President, there are a million reasons why I love North Carolina, but one of them is, it is a State of 10 million people. Half those people live in urban areas. The other half live in rural areas. One in ten people in the State are veterans—a State that proudly claims having one of the fastest growing veteran populations in the country.

When I go into the VA Committee and I look at what we have to do, I don't look at it as coming from an urban State. I don't look at it as coming from a rural State. In many respects, I think North Carolina is a microcosm of the Nation as a whole.

When we look at some of the changes we want to make, what I hope we get out of this review is what to do with the 430 empty buildings that are as much as 90 years old that are owned by the VA. We may have to do basic main-

tenance on them, but they are properties that may have a historic value. Maybe we can convey them to the States and sell them and use the resources to plow back into quality care for the veterans.

I can tell my friend from West Virginia that we share a mountain range together. We share a lot of cultures out in the western part of our State with West Virginia. There is no way on Earth that I would allow the VA to move forward on something I felt was going further away from providing quality care to any veterans anywhere in West Virginia, North Carolina, or any other rural area.

On the one hand, we continue to say we don't have enough money for veterans. On the other hand, we say we have to find some of those additional resources by taking steps to make the VA more efficient and shed the assets that are no longer providing value to the veterans. I, for one, believe we can do it on a balanced basis.

As this process goes through, it is actually an authority the VA has today. They haven't acted on it. We are trying to put more pressure on them to make some concise decisions. The Senator from West Virginia has my commitment that any instance where we see a decision being made by the VA that is something that is going to take veterans further away from care, I will be the first one to join him in making sure we don't allow that to happen.

Thank you.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. I agree with my colleague from North Carolina.

We don't want to continue if there are areas and assets that can be done away with for efficiencies. I understand that can be done without this.

I don't know the underlying reasons for it. The AIR Act was never even discussed in our committee. We never had the bill in front of us at all. That is all I was saying. How did this all of a sudden get thrown in?

I understand—because of what we put in, the expansion of how we were going to take care of caregivers to all populations of veterans—they were upset on the House side. This was put in retribution to that. I objected to how it was put in being what the intent was.

I believe the VA can dispose of excess properties that have been closed, vacant, and not in utilization. I am concerned they are going to come back and say: In the rural areas, we are going to close this CBOC and consolidate. We have more need right now and a greater need with some of our population base, especially with the conflicts we have around the world now.

I never talked to a veteran who did not want veterans care if there was any way they could get to a veterans hospital or clinic. They were the people who knew them best and knew how to take care of their concerns. That is all I am trying to preserve.

I don't know what the intentions are of this. That is why I wanted to have

that removed, and maybe we can discuss it in our Senate VA Committee and have a better way of reviewing the excess properties and properties not being utilized.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. ROUNDS. Madam President, I rise today to discuss the legislation before us, known as the VA MISSION Act of 2018—a significant change for the healthcare delivery system at the Department of Veterans Affairs.

The VA MISSION Act passed the House of Representatives last week and is scheduled to be voted on in the Senate in the coming days. The bill is a result of months of negotiations and discussions between stakeholders, the administration, and the House and Senate Veterans' Affairs Committees, of which I am a member.

While I appreciate the hard work of those involved, unfortunately, the final legislation is not something that I am able to support. Before I get into my concerns about the bill and what I believe to be its fatal flaws, I want to acknowledge that there is a host of good provisions in here that I do support.

The one on the forefront of many minds is the caregivers program expansion. The caregivers program, a program that gives support and assistance to certain veterans so they can receive home healthcare by a family member, has always been limited to post-9/11 veterans. However, there are many pre-9/11 veterans' family members who do the same work as a caregiver recipient but are not compensated for that work. This program is more cost effective over the long term than an alternative long-term care accommodation. It is due time for this expansion to occur for all families.

I also support section 101, paragraph (a), which expands extended care services, such as nursing home care, through the community care program. It is similar to a bill I introduced with the senior Senator from North Dakota, the Veterans Access to Long Term Care and Health Services Act. This provision will allow long-term care services to more easily work with the VA in serving veterans.

Further, section 101, paragraph (k) of the VA MISSION Act establishes in law that a veteran shall not pay a greater amount for receiving care or services outside of the VA, compared to receiving care at a VA facility. It is similar to the Veterans Equal Cost for Care Act, which I introduced in Congress last year. This section makes certain that veterans will know that VA policy will not change in this regard and that the VA will not place additional financial barriers for veterans to access care outside of the VA at a private provider in an effort to incentivize in-house VA care.

Last, section 101, paragraph (d)(1)(D) of this bill, along with section 104, requires the VA to develop appropriate

access standards when seeking healthcare. However, I remain concerned that the VA will not implement it properly.

If the VA implements access standards similar to TRICARE, which is the health program at the Department of Defense, then, these sections could be good for veterans.

Let me get into my concerns with the bill. This bill makes significant changes to the 40-mile rule under the Choice Program, and I am concerned that it puts our rural veterans in jeopardy.

The Choice Act, which Congress passed in 2014, before I took office, allowed all veterans who live 40 or more miles from a VA facility to receive care at a local, private hospital or clinic. Under the VA MISSION Act, this provision will end for all veterans except those in the top five rural States after 2 years.

When the Choice Act was first enacted, giving rural veterans the option to receive care in their communities, rather than at a VA facility, they overwhelmingly chose to stay close to home and receive private care. They voted with their feet.

Because of the law, many are getting better local, private care. I believe veterans who use this type of eligibility successfully today ought to be able to use this program in the future, no matter which State he or she is from.

In fact, these concerns were addressed when the original legislation was crafted in the Senate Veterans' Affairs Committee, and all veterans who use the Choice Program today were grandfathered into being able to use the 40-mile rule in perpetuity. Unfortunately, the proposal agreed to in committee is not the one in front of us today.

I understand that the number crunchers did the math and concluded that the bill discussed in committee was too expensive and they didn't want to pay this much for the care of our veterans. So the provision I offered was cut down significantly to be limited to the top five rural States, including my own State of South Dakota.

While South Dakota was fortunate to be a part of the top five States, this country has many rural States and many rural veterans who rely on the Choice Program's 40-mile eligibility to get their healthcare.

There are roughly 750,000 eligible 40-mile veterans across the United States. Of this portion, a little less than half, or 330,000 veterans, have used this eligibility to receive healthcare.

In just 2 years, many of these veterans will no longer be eligible to receive care outside the VA system based on the 40-mile rule alone, as they do today. Instead, more veterans will have to work through more gatekeepers and review processes to get their community care request granted, if it is granted at all.

Just as important is the way in which 40-mile-eligible veterans receive

community care. Currently, when a rural, 40-mile veteran wants community care, they get community care. There are little, if any, barriers to access community care today. The VA can't decide for the veteran where he or she should get the care. The veteran is in total control of their care. There are no reviews, gatekeepers, or consultations. The veteran just goes.

Under the VA MISSION Act, as it stands today, a VA clinician acts as a gatekeeper for the veteran. Section 101, paragraph (d)(2) states that a VA employee must consider certain criteria, some of which are peculiar to a rural veteran, when consulting with a veteran on where the veteran should go for healthcare. "Consider" is not a very tough or obligatory word, and it leaves a lot of leeway for our Washington bureaucrats to write rules in a way that may not put the care of our veterans above all else.

My concern here is that when this bill is signed into law, rules are going to start to be written, and the number crunchers are going to influence every rule to meet the bare minimum of the required language.

Just in case anyone is interested in an example, let me briefly remind the Chamber that the original Choice Act intended to provide community care to veterans who live 40 miles or more from a VA facility. How was that rule initially written? Community care was based on 40 miles as the crow flies. That is right—as the crow flies. It took intense pressure from the veterans organizations and Congress to amend that rule to be based on driving distance, or better known as the way almost every veteran travels to a VA facility.

Why was that rule written to determine community care as the crow flies? Cost. Cost and nothing more. The VA wrote the rule in a manner that complied with the bare minimum requirements of the law but not with the spirit of the law. The VA did not write the rule in a way that was in line with the way a normal veteran would access community care. By writing the rule this way, the VA was able to restrict community care access to veterans to control cost.

With so much ambiguity in the language as it is currently written, my fear is that the same cost-first mentality will be used once this bill is signed into law. We believe veterans should be in full control of their healthcare, not a bureaucrat.

Additionally, under the Choice Act, the access standards have been clear when it comes to the 30-day rule. It states that if you wait longer than 30 days, you can use a private provider, period. Under the VA MISSION Act, the standards are fluid, and the cut-and-dry 30-day standard goes away. We know that this has been a widely used metric for veterans' eligibility to receive care outside the VA. In fact, since the Choice Act began in November of 2014, there has been roughly 1.4

million instances in which a veteran has been authorized for care outside of the VA based on the 30-day rule.

Under the VA MISSION Act, there will be a new review process for veterans who request to receive care outside the VA system, based on meeting an access standard which has yet to be written. Again, if the VA implements these access standards like TRICARE, this could be good for veterans. But whether that happens is subject to rulemaking and cost constraints.

Finally, I am concerned about title II of this bill, which is the asset and infrastructure review provision that paves the way for what is essentially a VA BRAC that could close out some of our most vulnerable VA facilities, particularly in rural areas. I know that my friend and colleague from West Virginia was just expressing some of the same concerns. Of particular concern is a provision that would seek to neutralize appropriations language that prohibits the VA from reducing services in the Veterans Integrated Services Network 23 unless a series of important criteria are made.

For years, the VA has incrementally sought to close the Hot Springs campus in my home State of South Dakota. The VA has not conducted its due diligence in deliberating over the future of the Hot Springs campus, which provides veterans from three States and Indian Country healthcare. This is a pocket of rural America where few healthcare options exist.

This VA BRAC provision puts VA facilities like the one we have in Hot Springs in jeopardy. The Hot Springs VA facility has consistently been named one of the top VA facilities in the entire United States. If we are truly putting the care of our veterans before all else, we should be propping up facilities that have a track record of delivering timely, high-quality care to our veterans.

With the asset and infrastructure review provision in this bill, I worry about the future of rural VA facilities such as Hot Springs. More importantly, I am concerned about our rural veterans' access to adequate care, including mental health services, should these vital facilities be closed in the future.

Some have been saying that even though the provision is in there, the VA has provided assurances that places like Hot Springs are not in jeopardy, despite the law allowing the agency to review and eventually close facilities across the Nation if it determines it is necessary.

While the VA has some great employees, including its leadership, I am reluctant to consent to the BRAC process because the appropriations language requirements are what I view as due diligence by the VA before any decision is made on the closing of campuses like those in Hot Springs. In this particular case, the asset and infrastructure review language intends to neutralize that appropriations language, and I will not support that path forward.

At the end of the day, all we can count on is what we have enacted through legislation, and this bill clearly allows for the VA BRAC to occur.

My decision to oppose the VA MISSION Act is not one that I have made lightly. I recognize the many good provisions in this bill that would go a long way toward improving care for our Nation's veterans. I also want to recognize the hard work that went into the final package. I particularly want to thank Chairman ISAKSON, our Senate Veterans' Affairs chairman, for making a truly honest effort to address the ideas and concerns of all the committee members, including my concerns, which were reflected when we passed our bill out of committee earlier this year. Unfortunately, those concerns were not included in the final package. That said, the fight is not over.

Even though we expect the VA MISSION Act to pass the Senate and be signed into law before Memorial Day, there will be plenty of work to do as the law is being implemented. I will continue working with my colleagues, the administration, veterans groups across the State, and other stakeholders to keep a close watch on the VA's implementation of the VA MISSION Act to make certain the agency is putting the proper care of our veterans above all else.

Now, this is something that you never hear in this body, but this is an instance in which I would be happy to be wrong in my assessment. In fact, I challenge the VA to prove me wrong. We were close to having a really good bill with the VA MISSION Act by expanding the caregivers program to pre-9/11 veterans, by expanding community care to include community services, and in providing payment protections to rural vets so they will not pay a greater amount for using community care than they would for care at a VA facility, just to name a few.

I would have happily voted for any of these provisions as separate measures, and I am grateful that our veterans will greatly benefit from them.

I had hoped to get a place in the final bill where my concerns would be able to be fixed, but at the end of the day, my concerns outweigh the good, and I have to vote no.

I have the privilege of serving on both the Senate Veterans' Affairs Committee and the Senate Armed Services Committee, and I cannot tell my colleagues what an honor it is to fight every day to make sure that our servicemembers and veterans receive the tools and the care they so clearly deserve. They make incredible sacrifices so that we can be free. We have a responsibility to take care of them when their service is complete. I look forward to continuing to work to fulfill that responsibility.

Thank you, Madam President.

I yield the floor.

Mr. WYDEN. Madam President, with Memorial Day coming up this weekend,

I want to offer a few thoughts on this package of legislative reforms for the Department of Veterans Affairs, known as the VA MISSION Act of 2018, being considered by the U.S. Senate.

I want to start by commending Senator JON TESTER of Montana, the senior Democrat on the Senate Veterans' Affairs Committee, for negotiating based on what I call principled bipartisanship: taking ideas from both parties without sacrificing core values.

Montanans have every reason to be proud of Senator TESTER for spending months at the negotiating table with Chairman ISAKSON, the House of Representatives, and the White House.

Make no mistake, the bill before the Senate will make some important reforms to the way the VA does business.

It will consolidate the VA's multiple community care programs, including the Veterans Choice program, into one permanent framework to allow veterans to seek care in their communities. Streamlining these programs was something sought by the Obama administration as well and will help make it easier for veterans to understand their options and access the care they need.

It will also expand a VA program that provides benefits to in-home caregivers, an effort I have supported for years. The program is currently open to veterans wounded after the terrorist attacks of September 11, 2001. The VA MISSION Act will open the program to veterans from all eras.

It will provide more incentives and inducements to help attract medical providers to the VA and keep them there. In particular, the bill will provide more recruitment, retention, and relocation bonuses, it will raise the cap on student loan reimbursement, and it will establish a new loan repayment program for specialties where the VA is experiencing a shortage.

As important as these provisions are, I want to express my reservations about the VA MISSION Act as well.

I voted for the Choice Act in 2014 because I said it was unacceptable for veterans in Oregon and across the country to be waiting months or driving long hours for a VA appointment. I will be the first to say the same thing today, but I fear this bill will give broad authority to VA leadership to send more veterans out of the VA system.

Given the relentless push by special interest groups to send an ever greater number of veterans into the private sector, I am concerned about the Trump administration giving into those folks and turning the VA over to ideologues or privatization partisans.

I am also disappointed to see the asset review provisions included in this bill. If the VA has unnecessary infrastructure, it should be able to make the case to Congress to close or consolidate those facilities just like any other agency without being required to set up a whole new bureaucracy.

Taken together, these provisions strike me as essentially asking Senators to put more trust in VA leadership and Donald J. Trump, the same Donald Trump who publicly attacked the parents of a Muslim soldier killed in action and the same Donald Trump who nominated his wholly unqualified personal physician to run the VA. Unfortunately, this administration has already proven it can't be trusted to take care of our veterans.

I had hoped Senators would be given an opportunity to debate this bill and offer amendments that might have addressed the bill's shortcomings. The Senate majority has prevented that from happening.

So the choice before me and every other Senator this week is to oppose this bill and the good it will do or to support it with significant reservations.

After hearing from many Oregonians and from the 38 veterans and military service organizations and seven former VA Secretaries who support this bill, I have chosen the second option and will support the bill despite my concerns.

Mark my words: The ultimate success or failure of this bill will depend on whether Donald Trump and his team at the VA choose to work with Congress and put our veterans first or whether they sell out to the privatization partisans.

I hope my fears about this bill prove to be unwarranted, but as the saying goes, hope is not a strategy. After Donald Trump signs this bill into law, I will redouble my efforts to work with Senator TESTER and others to support and sustain a robust VA worthy of the millions of veterans it serves.

If the Trump administration implements any of these provisions in a way that threatens to privatize or undermine the VA as a healthcare system, I will pull out all the stops and fight it like hell.

Mr. SANDERS. Madam President, there are parts of the VA MISSION Act that I strongly support. The expansion of the Caregivers program to veterans of all generations will help support family members who have made enormous sacrifices for their loved ones wounded in war. Raising the limits on the Education Debt Reduction Program, an effort that I helped lead, will make it easier for the VA to attract the doctors and other medical personnel they need.

I am concerned, however, that despite some very good provisions in this bill, it continues a trend toward the slow, steady privatization of the VA. No one disagrees that veterans should be able to seek private care in cases where the VA cannot provide the specialized care they require or when wait times for appointments are too long or when veterans might have to travel long distances for that care.

The way to reduce wait times is not to direct resources outside the VA, as this bill does, but to strengthen the VA by recruiting and retaining the best

healthcare professionals to care for the brave women and men who rely on VA healthcare. The way to reduce wait times is to make sure that the VA is able to fill the more than 30,000 vacancies it currently has. This bill provides \$5 billion for the Choice program. It provides nothing to fill the vacancies at the VA. That is wrong. My fear is that this bill will open the door to the draining, year after year, of much needed resources from the VA.

Further, I am disappointed that the legislative process did not allow for votes on amendments that could have made this a stronger bill. The amendments I filed, but was prevented from offering, would have provided equal funding for the Veterans Health Administration and the Choice program, provided real money and a meaningful expansion of the Caregivers program, and established a pilot program for VA dental care in rural areas. In addition, I authored an amendment that would have struck the AIR Act provisions that could result in the closure of VA facilities and language clarifying that veterans may not be held financially liable for errors made by the VA.

It is my sincere belief that these amendments would have gone a long way to addressing the deficiencies in the bill and providing the care and benefits our veterans have earned and deserved. I hope that my colleagues on the Senate Veterans Affairs Committee will work with me to make these necessary improvements in future legislation. We must do a better job in standing together against the effort to privatize the VA.

I acknowledge the work done by some of my colleagues to improve this bill, but I believe it moves us too far in the direction of privatization. That is why I will vote against it.

Mr. ROUNDS. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. RUBIO. Madam President, I ask unanimous consent that the Senate proceed to executive session for the en bloc consideration of the following nominations: Executive Calendar Nos. 840, 841, 842, and 843.

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

The clerk will report the nominations en bloc.

The assistant bill clerk read the nominations of Cheryl A. Lydon, of South Carolina, to be United States Attorney for the District of South

Carolina for the term of four years; Sonya K. Chavez, of New Mexico, to be United States Marshal for the District of New Mexico for the term of four years; Scott E. Kracl, of Nebraska, to be United States Marshal for the District of Nebraska for the term of four years; and J. C. Raffety, of West Virginia, to be United States Marshal for the Northern District of West Virginia for the term of four years.

Thereupon, the Senate proceeded to consider the nominations en bloc.

Mr. RUBIO. Madam President, I ask unanimous consent that the Senate vote on the nominations en bloc with no intervening action or debate; that if confirmed, the motions to reconsider be considered made and laid upon the table en bloc; that the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nominations be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The question is, Will the Senate advise and consent to the Lydon, Chavez, Kracl, and Raffety nominations en bloc?

The nominations were confirmed en bloc.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. RUBIO. Madam President, I ask unanimous consent that the Senate resume legislative session for a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

TRIBUTE TO JOHN H. KLETTE, JR.

Mr. McCONNELL. Madam President, as our Nation pauses on Memorial Day to remember those who made the ultimate sacrifice to keep our Nation safe and to protect the liberties we hold dear, I would like to join the residents of Park Hills in recognizing one distinguished Kentuckian. John H. Klette, Jr., a centenarian veteran of the Second World War, will be honored as the grand marshal in the community's Memorial Day parade.

Soon after the United States entered World War II, Klette enlisted at the age of 24 to help defeat Nazi Germany. A practicing attorney and a licensed pilot, he chose to join the Army Air Corps—the precursor of the Air Force—and passed the necessary exams that same day. After months of training, he was assigned as a pilot in the 32nd Bombardment Squadron of the 301st Bombardment Group and was sent to southern Italy. Klette's first mission to Bucharest, Romania, saw significant enemy resistance, and his aircraft suffered serious damage. That fight would