

need to ensure that every citizen who wishes to exercise their right to vote is able to do so. It also can be counted, and it can be counted as they intended it to count.

Remember this goes back to 1965. Congress passed the Voting Rights Act of 1965 to protect the right of every citizen to vote. But in a 5-to-4 Supreme Court decision, it declared that part of that law was outdated, and it removed much needed voter protections that we have come to rely on for minorities, and we have come to rely on them for the last half century.

Part of this Supreme Court decision struck down part of the law as it applied to protecting minorities in certain counties in the State of Florida. The Justices voted to strike down that important part of the Voting Rights Act on a 5-to-4 decision. They said that it was outdated because we no longer have the blatant voter suppression tactics we once did years and decades ago.

I disagree. We have seen a lot of voter suppression. Since the 2010 election, we have seen a number of States, including my State of Florida, approve voting restrictions targeted directly at reducing turnout among young, low-income, and minority voters. Why? Because they traditionally support one particular party.

In 2011, for example, the Florida legislature, State officials, and the Governor of Florida reduced the number of early voting days in Florida, including canceling the Sunday before the Tuesday election as an early-voting date. It is not a coincidence that there was use of early-voting days, particularly on weekends—particularly on that Sunday before the Tuesday election, where people become sensitive and recognize that there is about to be an election day. We have found that particularly minority voters in Florida—African Americans, as well as Hispanics—would take advantage of voting when they did not have to go to work. You have heard the term “Souls to the Polls.” So often, after church on Sunday, many church members would go to the polls.

They made voting more difficult for people who had moved to a different county. It became more difficult, even though we have a very mobile population moving within a State. They also made it more difficult for young people, particularly college students, who changed their address because they had moved and wanted to vote in the town where the university was, but their identification often was their driver's license, which showed their parents' residence. Again, this made it more difficult instead of making it easier to vote.

The State of Florida subjected voter registration groups like the League of Women Voters, which had been registering voters for three-quarters of a century—suddenly, they were subjected to penalties and fines if they didn't return the signatures in a short period of time, which was impossible if they got the signatures over a weekend. And

they would nitpick with penalties and fines on some small mistake when they were trying to help someone register to vote. Happily, the League of Women Voters went to Federal court, and the Federal judge threw that law out as unconstitutional. But that decision was right before the election, and lo and behold, the League of Women Voters had lost a year and a half of voter registration.

You won't believe this. In 2014, an elections official in Miami-Dade—which was, coincidentally, one of the more Democratic counties in the State—closed restrooms to voters who were waiting in line at the polling sites. As a matter of fact, there was so much chaos in one previous election—the election of 2012—that lines were upward of 7 hours long.

I will never forget the woman who was a century old—100 years. Everybody kept bringing her a chair and bringing her water. Well, some of those waiting in lines didn't have the opportunity to go to the restroom, despite waiting to vote for hours and hours.

In that same election cycle, 2014, the State's top elections official told a local election supervisor not to allow voters to submit absentee ballots at remote drop-off sites, ordering that elections official that there could be only one site. That supervisor of elections, by the way, told the State of Florida to go take a hike—that they had a way of securing the ballots by dropping them in several different sites that were formerly approved.

Then the State of Florida denied a request from the city of Gainesville to use a University of Florida campus building for early voting, a move seen by some as a direct assault on student voting. Can you believe that? The State of Florida government, through the Secretary of the State, is going to order the University of Florida not to allow the student center on campus to be a place of convenience for students to cast an early vote. That order has stood. It has stood, and instead of making it easier for people to vote, it has made it harder. All too often, we have let these things go.

This Senator is not letting it go because the League of Women Voters in Florida has now taken the government of the State of Florida to Federal court on behalf of students at the University of Florida, as well as Florida State, saying: You are arbitrarily saying that we cannot vote in a convenient place on campus, in a government-owned public building on campus. You cannot order that we cannot use that in anticipation of elections this coming November.

Too often we find ourselves divided on these issues of party politics, but that shouldn't be the case. There should be no disagreement when it comes to protecting the right to vote and making it easier, not harder, for people to vote. Why? Because we ought to be Americans first, not partisans first. We should be Americans first, and

the State of Florida should get its act in order to let the people vote.

I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

VA MISSION BILL

Mr. ISAKSON. Madam President, I am delighted to stand today, shoulder to shoulder with all my colleagues on the Veterans' Affairs Committees in the House and the Senate, to thank the Senate for a very strong vote on cloture yesterday to take us to a point today where we will pass the VA MISSION Act, which is this legislative body fulfilling a promise to those who fought and sacrificed for each of us to be here today—our families and loved ones as well.

For years, there have been problems in the VA in terms of healthcare. You read the headlines. I read them, too, and our constituents read them. In Arizona, we had veterans who died waiting to get a routine appointment. We had scheduling errors. People were getting bonuses for scheduling things they had falsified. We had a lot of things that were disappointing to all of us. We worked hard in the Veterans Affairs Committee in the House and Senate to address these tough issues head-on and fix them so that the VA would be the best functioning health delivery system it could possibly be for the people who were willing to risk their lives for each of us when they joined the military.

I think it is appropriate that we are doing this the week before Memorial Day. Next Monday, we will celebrate all of those who, in all the wars that preceded the fight we have today, represented our country, volunteered unselfishly, fought, and in some cases died for America's peace, freedom, liberty, and the perpetuation of our democracy.

One promise we made to them was that they would have good quality healthcare, and it would be successful. Four years ago, with the leadership of JOHN MCCAIN, we started the movement toward Veterans Choice. We passed a good bill with a 40-mile rule and a 30-day rule. The 40-mile rule said that if you live within 40 miles of a VA clinic or service, you can go to a closer clinic in the private sector, as long as it is approved by the VA. The 30-day rule said that if you couldn't get an appointment for a routine medical service in 30 days, you could get an appointment in the private sector, and the VA would approve it. But the labyrinth of the approval process for that 30-day appointment or that 40-mile access made it almost impossible for the veteran, in many cases, to get access that is as timely as we would like it to be.

It was a good start. It was an improvement in our process. It addressed the problem—but not well enough. We learned enough as a test bed to know that veterans liked Choice, as long as it was not so cumbersome that they couldn't use it. The VA liked Choice, as

long as they were a partner with a veteran who made the choices, so we lost no continuity in healthcare.

With the passage of the MISSION Act, we are repealing both the 30-day rule and the 40-mile rule. Instead, we are saying the following: If you are an eligible veteran for VA healthcare services, you can choose a private sector doctor if you want to, as long as the conditions and circumstances, in concert with your VA primary care doctor, fit. In other words, the VA needs to know about it and work with you in making that decision and work with you in finding that private doctor. We are not going to have mountains of paperwork and third-party administrators breaking the rules and regulations and slowing things down. Instead, the VA will be motivated to see you, the veteran, get fast, timely service and quality healthcare, whether it is private or the VA.

There have been some who have talked about this being privatization. It is not privatization; it is mobilization. We are mobilizing healthcare for the veterans to see to it that they have access in a timely fashion. The VA is an instrumental service for our veterans who come home. Many of them come home with injuries and sicknesses and illnesses and diseases that, quite frankly, nobody ever contemplated people surviving.

Who heard of PTSD and TBI 20 years ago? Who saw veterans lose arms and legs—in some cases, all of their arms and legs—and survive a battlefield wound? How many of you have seen people wear an eye prosthesis, where they had an eye replaced? The VA has specialists who can do all of those things, the best in the world. They can deliver high-quality healthcare and high-quality rehabilitation to veterans with the most serious injuries in the history of warfare. We will always continue to do that, but we also have to understand that when healthcare in the private sector can be utilized for the convenience of the veteran—not as a competitor to the VA—we can use it as a force multiplier to lower the number of people we have to hire and, in addition, lower the number of hospitals we have to build and instead provide that money for services to our veterans. It is a win-win proposition for the VA and for all of us.

It is no secret why every former VA Secretary who has served this country has endorsed the VA MISSION bill. All of them have endorsed it, every one of them, whether a Republican appointment or appointment by a Democratic President. They all know this is something we needed to do for a long time. It is no secret why we got a vote of 91 to 4 yesterday on the floor of the U.S. Senate to invoke cloture and go to a vote today on the VA MISSION Act. It is past time we made sure our laws for healthcare available to our veterans are as high quality as our veterans are when they go to fight wars for us.

Secondly, I want to focus on another feature which is very important to me

because I was in the service. I was not in Vietnam. I am a Vietnam-era veteran. I was in the Georgia Air National Guard during the Vietnam War. I lost buddies in that war. I know a lot of our soldiers sacrificed in that war and made it home with terrible injuries, but because of our healthcare delivery system in the battlefield and at other hospitals around the world, we were able to save veterans and rehabilitate them, but the need for ongoing medical healthcare for the basic essentials of life is sometimes one of the byproducts for some of the injuries and for some of those who survived those wounds.

There are veterans who have difficulty feeding themselves. There are veterans who can't dress themselves. There are veterans who need assistance in the five basic essentials of life, and then from time to time, they have to call in a caregiver. There are spouses, moms, in some cases, dads, brothers, and sisters who come and deliver those services to their brother or sister or son or daughter. If they are a veteran of almost any area except Vietnam, they get caregiver benefits from the VA or a stipend benefit provided to that volunteer to help that veteran. It helps the veteran pay for their service, and it helps the VA not have to go out to find someone to do it because there is someone offering to be their caregiver. We are expanding the caregiver services in the VA to all veterans, so finally the Vietnam-era veterans and their families will be as eligible as anybody else who is entitled to VA benefits.

PATTY MURRAY of Washington, SUSAN COLLINS of Maine, and a lot of Members of this Chamber today deserve credit for that. We fought for caregivers for a long time. It is a big step forward, and it is going to be a lifesaver and a life extender for many and remove just one of the major burdens that some have to care for a spouse or a loved one injured in battle or who has fought for us.

I can go on and on and on about detail after detail after detail in this bill, but I don't want to bore everyone. I want everybody to realize, when they go home this weekend, how important it is to tell them what we have finally done. We have finally dealt with the accessibility of healthcare to our veterans. There will be no more headlines of veterans dying because they can't get an appointment because they are going to be able to get an appointment. They are going to be able to make the choice with the VA at that appointment. It is not the case anymore where a veteran is going to die because they can't get a basic service to stay alive at their home, that if they don't have the money to pay for a caregiver, they therefore languish, unable to feed themselves or clothe themselves or live in a sanitary condition. That is the very least we owe to our veterans. Today, when you cast your vote for the VA MISSION Act, you will do just that.

I want to address some individuals, if I can, and thank them. One, I thank

JOHN MCCAIN, whose idea this was originally. He is a great hero to all of us, a friend to all of us, one we love and pray for today as he recovers from cancer. JOHN is the one who started the movement toward Choice, and he deserves the credit for it.

I thank all of those Secretaries who have worked with us over the past 3 or 4 years to get to the point where we are able to pass the VA MISSION Act today.

I will tell you whom I really want to thank. I want to thank all those veterans who sacrificed and died for us in the wars before now. The reason we enjoy our freedom and you, Madam President, can preside freely without fear of retribution, I can say what I think without fear of retribution, I can say to our constituents who gather in the Gallery and listen to what we have to say, and protest if they wish, is we have a Constitution and 10 basic amendments, the first 10 being our Bill of Rights. It gives us everything, but the ones who protected that gift are our veterans.

It is not a stretch to remember that had it been a different outcome in World War II, I might be speaking Japanese or German today, not English, but because of our veterans and because of our soldiers who fought in the Battle of the Bulge, who fought in the Pacific—my father-in-law flew reconnaissance in the Pacific. My brother-in-law was in the Air Force in Vietnam. If those vets had not risked their lives and really offered their lives in exchange for our liberty and freedom, we wouldn't be enjoying this today. So we owe no less than the MISSION Act to our veterans. I am proud to be part of it, and I am proud of my committee and my committee members who are doing so much to help us.

Let me just say thank you to my colleagues for your vote yesterday. I urge you to vote today for passage of the VA MISSION Act. It is an honor to serve our country as a Member of the U.S. Senate. It is an honor to be an American. May God bless our country.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. HOEVEN. Madam President, I rise to speak in support of the VA MISSION Act. I want to begin by thanking the chairman of the Veterans' Affairs Committee who has shown incredible leadership on behalf of our veterans for many years, and this bill fits right in that mold.

This is a very important bill for a number of reasons. Obviously, it is an important bill because it supports our veterans, but it really has important provisions in it that will make a difference for our veterans. I want to thank the chairman of the VA Committee. I want to thank him not only for the quality of the work in this bill but for building the bipartisan coalition necessary to pass it because it really does make a difference for our veterans, to whom we owe so much.

I would like to go through not all but some of the provisions that I think are really important, some I worked on and some I think really do make a difference for our great veterans.

As I said, I speak in support of the VA MISSION Act. It is bipartisan legislation that will help ensure veterans receive the care they so very much deserve.

This piece of legislation not only strengthens the VA's ability to care for our veterans, but when the VA is unable to provide that care, it gives our veterans a choice to seek care in their home communities and to do it on a basis that is convenient, that works for them, and then to make sure those healthcare facilities will provide that service to our veterans because they know they will be compensated for it by the VA.

That is a huge issue because it is not just about making sure there is care out there for our veterans but making sure it is quality care and that it is available to them.

We owe our veterans more than we can ever repay for their incredibly dedicated service. Expanding veterans' access to healthcare options closer to home is just one of the ways we can show our deep appreciation for their service to our country.

Providing this kind of care has proven to be particularly challenging for our veterans residing in rural areas. I live in a rural State, and to get that access to quality service in these rural areas is a challenge. It is a challenge we have to address and a challenge we address directly in this legislation, which is why I am so deeply appreciative that we are working to pass this legislation.

In 2014, the Veterans Choice Program was enacted to alleviate unacceptable waiting times for care at the VA. However, the Veterans Choice Program has been in need of improvement.

In 2016, I worked to secure and implement the Veterans Care Coordination Initiative at our Fargo VA health center. The Fargo VA health center serves all of North Dakota, and it serves half or more of Minnesota as well. The initiative we worked to put in place at the Fargo VA—and the Fargo VA does a tremendous job. We have some VA health centers around the country that obviously need improvement, but the Fargo VA health center does a top-quality job.

This initiative is an initiative we put together as part of the Veterans Choice Program. It has allowed veterans seeking community care to coordinate all of their healthcare through the Fargo VA health center rather than the third-party contractors that were set up under Veterans Choice, and obviously we had some challenges with those contractors. So this allowed the VA health center to provide that service directly, both if the veteran came into VA for institutional care at the healthcare center or at one of its CBOCs or if they wanted to get Vet-

erans Choice care from a private provider in their local community. The initiative has been very successful and has significantly reduced wait times for community care appointments.

The VA MISSION Act builds on that very effort. It builds on that effort by requiring the VA to schedule medical appointments in a timely manner. When the veterans need healthcare, they have to be able to get in and get that care in a timely way.

The MISSION Act improves community care initiatives at the VA, including the Veterans Choice Program, by streamlining it into a single veterans community care program that will be able to provide better care for our veterans. That is the bottom line—better care for our veterans.

Today I want to highlight three priorities we worked to include in the MISSION Act to provide veterans in North Dakota and across the country with better care closer to home.

First, the long-term care piece. When we are talking about care, it is not just medical care; it is long-term care. It is in-home care. It is nursing home care. It is that whole continuum of care that is so important. The VA MISSION Act includes key pieces of legislation I introduced as a stand-alone act. That bill was the Veterans Access to Long Term Care and Health Services Act, and it focused on that long-term care piece, making sure veterans could get the VA to reimburse nursing homes and that nursing homes would take that VA reimbursement and take veterans.

That is why I introduced the legislation, along with some of my other colleagues, to increase veterans' access to long-term care options in their communities.

For example, currently, in our State, only about 20 percent of the nursing homes contract with the VA due to difficult regulations and reporting requirements. That is not dissimilar from across the country. That is what we are seeing across the country, only a percentage—ultimately, a small percentage—of nursing homes that will take that VA reimbursement because of the redtape and difficulty contracting with the VA in order to get that reimbursement. A veteran should not have to relocate across the State because they can't go into a nursing home in their community because of that reimbursement issue. That is what this legislation addresses.

Think how important that is. You want your veteran to be able to go in and get long-term care in their community, close to their home, close to their family, right? That is what this is all about. Our legislation will allow non-VA long-term care providers, including nursing homes, to enter into provider agreements with the VA. These agreements will cut through the bureaucratic redtape at the VA that has prevented our veterans from receiving long-term care services closer to home. This means veterans can access nursing homes and other long-term care in

their communities closer to home and closer to their loved ones.

The MISSION Act also expands caregiver benefits to veteran caregivers of all eras. Again, this is a very important provision. The VA's program of comprehensive assistance for family caregivers includes a monthly tax-free stipend, healthcare coverage under the VA Civilian Health and Medical Program—if the caregiver is not eligible for coverage under another health plan—counseling and mental health services, up to 30 days of respite care services, reimbursement for travel-related expenses required for an eligible veteran's examination, treatment, or episode of care, and travel for caregiver training is also reimbursed.

Currently, these benefits are only available to caregivers of post-9/11 veterans. The inclusion of this provision will help support pre-9/11 veterans and the family and the friends who take care of them.

The other provision I want to mention again is really important for our rural areas and for our veterans in the rural areas. This is a very important provision. This priority, this provision, removes the Veterans Choice Program's 30-day, 40-mile eligibility requirement. So it removes that 30-day wait, that 40-mile eligibility requirement. Instead, the bill allows veterans to receive care in their local community when services are not available through the VA or if the veteran and his VA medical team determine that receiving community care would be in the best interest of the veteran—again, what is best for our veterans.

This is a priority we have been working on for veterans in my home State and really States across the country, particularly our rural States.

As I mentioned, for example, North Dakota's only health center is in Fargo. We have CBOCs around the State, but the only health center, the full-scope health center, is in Fargo. As I said, it covers all of North Dakota and, frankly, most of Minnesota. We have these community-based clinics out there. While they provide some services, they aren't always equipped to provide the care necessary for our veterans. So what does that mean? That means the veteran has to travel in some cases a long distance.

Under the Veterans Choice Program's 30-day, 40-mile eligibility requirement, a veteran living within 40 miles of a CBOC meant they either had to go to that CBOC or travel a long distance to a VA health center. So they weren't eligible for that community care, as I say, forcing many veterans to travel long distances, often in inclement weather, in order to receive VA reimbursed care. This legislation, the MISSION Act, removes that requirement. So now, when a VA medical center or CBOC can't provide the service a veteran needs, then those veterans will be able to access healthcare services in their local community.

So we have veterans traveling hundreds of miles now, round trip, inconvenienced, making it very difficult for them and their families. No more. Under this legislation, that 40-mile requirement and the 30-day limit is taken away. If it is most convenient for a veteran to access care from a private provider in their community, they can do it. That is a huge step in making the Choice Program work for our veterans.

Just a few days from now, our Nation will set aside a day to honor those who made the ultimate sacrifice. It is because of their sacrifice that we can experience the freedoms we enjoy as Americans. Sending this legislation to the President's desk is one way we can show our gratitude for their actions.

I wish to congratulate again the great Senator from the State of Georgia and thank the Senate VA Committee staff for their leadership, perseverance, and hard work to get to this point. I am pleased that both sides of the aisle have come together to support this legislation and to support our veterans. I am proud to support the VA MISSION Act. Again, I urge my colleagues to support its passage.

With that, I yield the floor for the Senator from the State of Missouri.

The PRESIDING OFFICER (Mr. COTTON). The Senator from Missouri.

Mr. BLUNT. Mr. President, I join my colleague from Georgia. I also join Senator HOEVEN in mentioning the incredible leadership that Senator ISAKSON has shown for veterans and the way we deal with veterans' concerns. We honor their service.

The Senator from North Dakota just mentioned that Monday, of course, is Memorial Day. On Memorial Day in 1983, President Reagan said:

I don't have to tell you how fragile this precious gift of freedom is. Every time we hear, watch, or read the news, we are reminded that liberty is a rare commodity in this world.

President Reagan's words from 35 years ago are every bit as significant today as they were then. The willingness to pay the price for freedom has been paid by every soldier, sailor, airman, and marine, and every person in the Coast Guard, the National Guard, and the Reserves. So on Memorial Day, we honor their willingness to do that.

This is a good time also for us to discuss the things Congress has been doing to try to honor that service as we continue to look at the challenges that veterans face. I have spoken before about the HIRE Vets Act, which was signed into law last year. The bill established the HIRE Vets Program within the Department of Labor to provide tiered recognition of what employers do based on their contributions for veteran employment. Some of the criteria were things like these: What percentage of the new hires are veterans or what percentage of the overall workforce is veterans? What types of training and leadership development opportunities are made available that vet-

erans have unique opportunities to take advantage of? What recognition is given to skills that veterans learn while serving? What other benefits and resources are offered to veterans—things like tuition assistance?

Creating a national standard will help vets narrow down their employment options and focus on their job search efforts.

The HIRE Vets Program is up and running. This year, over 300 employers have signed up to participate in the pilot program, and we will see how that pilot works. I hope it works as well as those of us who sponsored and voted for the legislation thought it would—as a way to begin to give the recognition to employers that they deserve when they go beyond saying: Of course, we like to hire vets. HIRE Vets shows just exactly how much you like to hire vets and what difference it makes when you hire those vets.

The second program that is getting started this year is the Military Family Stability Act. It was signed into law last November. We have the most powerful military in the world, the most well-trained military in the world, and a military that we have invested money, training, and energy in like none other. But the real strength of the military, according to military leader after military leader, is military families.

In the Military Family Stability Act, we have created a new opportunity for families, because of education reasons or work reasons, to leave earlier than the spouse who is serving has been assigned for or to stay a little later if school is going to start before you otherwise were going to get there or school is going to be out a couple of weeks or a couple of months after the serving spouse had to leave. We have given families that option for the first time, where the family residential support money stays, and I think lots of families are going to take advantage of that. Families in the past could do that if everybody up and down the chain of command agreed. Now families get to do that because they think it works for their families.

Secretary Mattis and Chairman MCCAIN are very supportive of this program, as was the Chairman of the Joint Chiefs of Staff, General Dunford, and we are looking forward to seeing how families are able this year, for the first time, to look at that next assignment and decide when it is the right time for the family to move to that assignment.

I have talked to lots of families, many of whom saw that moment as the moment they decided to leave the military or the moment they looked back and saw it as their most challenging time, when a spouse's job had to needlessly suffer or that last month of school couldn't be completed just because they didn't have that flexibility.

Now, President Trump has just nominated Acting Secretary Robert Wilkie to head the VA. We look forward to his leadership there. The President and the

acting head of the VA just signed a contract with Cerner, a Kansas City company that will modernize the VA's healthcare IT records, the records that healthcare providers in the whole system can access. Cerner was already in the process of coming up with a system that worked for the active Defense Department. So it only made sense for them to be the company that also makes that transition into the even bigger VA health system—a system that works.

Almost 2 million veterans have used the Veterans Choice Program. Senator ISAKSON has talked about how the bill we will be voting on improves that program. The Senator from North Dakota just spoke about some of the obstacles that, frankly, the VA system had put in the way of veterans who wanted to take advantage of the program.

I have had people from Missouri in our office lately who are looking at VA health. We had a great discussion with the hospital administrators in our State about how it not only helps them but particularly helps small community hospitals, if they can identify something that a community hospital does better than they do and they are able to assign that work to be done there.

The bill expands, as Senator HOEVEN just mentioned, the caregivers program and makes the eligibility for caregivers greater than it has been before.

Senator BLUMENTHAL and I had a bill that was incorporated into the program, the Veteran PEER Act, which just simply turns to peer group veterans and lets them become part of the emotional and mental support team for veterans who are being challenged. I am glad to see that legislation in the MISSION act that has gone through the process. Certainly, Senator ISAKSON and Senator BOOZMAN and others on the Veterans Committee—the people who have served on that committee in many cases in the House and Senate—realize what needs to be done here. Nearly 40 veterans service organizations, like the VFW and the American Legion, support this legislation.

Together with the VA MISSION Act, the electronic health records system contract that is now being performed by Cerner, the HIRE Vets Act, and the Military Family Stability Act, I think what we see here is that when we think we have done everything we need to do to honor our veterans and, then, we look more closely, we find that there are still things that we can do, that we will do, that we clearly are willing to do. We owe veterans that.

We recognize veterans in many ways over the next few days, but the Veterans' Administration has a job to recognize veterans every day and fulfill our obligation to veterans every day. I look forward to seeing the implementation of this well-thought-out addition to the veterans health system.

I see my friend from Arkansas, Senator BOOZMAN, is here, and he is next on our list.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. BOOZMAN. Mr. President, I thank the Senator from Missouri very much.

Our Nation's veterans were promised access to healthcare for their service and their sacrifice. This week we continue our work to uphold that pledge.

The bill before us, the VA MISSION Act, aims to transform the Department of Veterans Affairs delivery of community healthcare. That is a welcome job.

Specifically, the VA MISSION Act consolidates and improves VA community care programs so veterans have access to healthcare and services in their own communities. This is important because veterans should have access to the best healthcare and services in a timely manner, regardless of where they live.

Under this legislation, a veteran and his or her doctor will decide where that veteran will receive care, taking into consideration the veteran's healthcare needs and the availability and the quality of both VA and community care.

For largely rural States, like Arkansas, this makes all the sense in the world. We have two VA medical centers in the Natural State, in Little Rock and in Fayetteville, as well as facilities in neighboring States that often serve Arkansas veterans. The healthcare providers and staff at those facilities that are community-based outpatient clinics in Arkansas truly do an excellent job in caring for our veterans.

But the VA medical centers are in populated areas, which, in cases where veterans need more advanced care than the CBOC can provide, it means a full-day trip for many veterans. It is unnecessary when a veteran could receive similar quality care outside the VA system in their communities. The service options provided in this bill will give veterans who live far from the VA facility and need frequent followup care easier access to local providers and walk-in clinics.

As noted in a letter signed by over 30 VSOs supporting the VA MISSION Act, the legislation is an effort to "supplement, not supplant, VA healthcare." That is very important to note. Much like the Choice Program that preceded it, the new system that will be established by the VA MISSION Act is not meant to replace VA healthcare. Rather, it builds on the foundation laid out by the Choice Program, which addressed many shortcomings within the VA system that led to the wait-time process.

Last year, I launched a listening tour to hear from Arkansas veterans about their experiences within the Choice Program, so we can better meet their needs. I heard from Arkansas veterans who have been able to get quality care from private providers in their own community when the VA system could not meet their needs. That is a good thing, but as the veterans with whom I met noted, the Choice Program had its

share of problems, its share of troubles. I heard repeated stories of difficulties navigating the complex and confusing bureaucratic process. This legislation aims to alleviate those problems. While VA implements the new system, we cannot afford to let care slip for our veterans. That is why we made sure the VA MISSION Act authorizes funding to continue the current Choice Program for more than a year.

In addition to the improvements to healthcare delivery, the bill will enable us to conduct better and more consistent oversight into how the VA spends money on veterans' healthcare. This is a priority for me as the chairman of the Appropriations Subcommittee on Military Construction and Veterans Affairs. We must ensure that the VA is efficiently and effectively providing veterans with quality healthcare, whether at a VA facility or a private facility in the community. The VA MISSION Act will also improve the VA's ability to hire quality healthcare professionals, strengthen opioid prescription guidelines for non-VA providers, and create a process to evaluate and reform VA facilities so they can best serve veterans.

I wish to quickly highlight two other important provisions of the bill. One is the expansion of the VA caregiver benefits to veterans of all generations. This is a long-overdue reform that will correct an injustice that left family caregivers and veterans injured before September 11, 2001, without critical care. Caregivers and veterans of World War II, the Korean war, the Vietnam war, and the Gulf war will now have access to the same benefits as the post-9/11 veterans.

The second revision is based off a bill I cosponsored that would authorize VA healthcare professionals to provide treatment to patients via telemedicine regardless of where the covered healthcare professional or patient is located. The Arkansas VA medical centers are leaders in telehealth, which holds great promise, especially for largely rural States like Arkansas. It is important that the VA continue to encourage its growth without unnecessary bureaucratic redtape.

This bill is a great example of what we can accomplish through bipartisan, bicameral compromise, working together for our veterans.

I thank the majority leader for swiftly bringing up this bill for consideration after the House overwhelmingly passed it. I commend Chairman ISAKSON's hard work and leadership. I appreciate the great job he has done and also Ranking Member TESTER, who took the advice of all VA Committee members into consideration while working on this major piece of legislation.

I look forward to supporting the VA MISSION Act on the Senate floor so our veterans have access to the quality care they deserve.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. LANKFORD. Mr. President, I ask unanimous consent to enter into a colloquy with Senator ISAKSON.

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

Mr. LANKFORD. Mr. President, I thank Chairman ISAKSON for the work he has done on this important issue. It has been a long road to work through reforming the VA. The VA is exceptionally complicated. There are a lot of interests engaged with this. He has heard a lot of voices from all over the country and all over this town in order to help resolve some of the issues and bring them together.

This is exceptionally important, though, for our veterans—especially for our veterans who live in rural areas that are very far from healthcare.

Section 101 of this bill requires the VA to give access to community care when a veteran's referring clinician agrees that furnishing care or services in the community would be in the best interest of the veteran after considering certain criteria—and this is very important—things such as the distance they have to travel; the nature of the care that is required; the frequency of the care, so they don't have to travel back and forth, often for long distances; the timeliness of available appointments; whether the covered veteran faces an unusual or excessive burden. It includes the family and the veteran. So in the conversation that is happening, it is not just a clinician making a decision; the veterans are at the table, and their family is brought into consideration.

This is important not just for so many veterans who have to travel long distances; it is important for veterans who live close. The chairman and I have spoken on this briefly before.

I have a veteran in my State who was at the Muskogee facility and who was getting great care. I stopped by to visit veterans in the Muskogee facility and went room to room visiting with people, checking on them and their care. I asked how he was doing, and he said he had great nurses and great doctors and has really done well.

My next question: Is this the first time you have been in this facility?

He said: Well, no—kind of. I had cancer treatment a couple of years ago. But they couldn't do it here in my town; they sent me to Seattle to get my cancer treatments.

I said: Did your family get to go?

He said: No, sir. They couldn't go.

So that was the best facility.

He said: I got good care there, but I went a long way and spent months and months away from my family getting chemo, radiation, surgery, and then followup.

He would have loved to have done that at any number of cancer facilities in Oklahoma. In fact, in Oklahoma City, there is a National Cancer Institute—one of top 2 percent of all the cancer hospitals in the country is right down the road.

The question is, Once this bill passes, in future situations where veterans are

facing great need for specialties—like cancer and other issues—will this be a situation where veterans will continue to be sent across the country, away from their families, for care because that is easiest on the VA, or will their family members and the frequency of visits be brought to bear in that so they will be able to make the decision that maybe they can get that great care locally?

Mr. ISAKSON. I thank the distinguished Senator from Oklahoma. I will tell him that the story of his veteran from Muskogee led us to the way we wrote a lot of the provisions in section 101. Comfort, ease, and accessibility for the veteran are equally important to every other consideration that will go in.

The veteran who was sent to Seattle before would now be able to get treatment in Oklahoma City or in Muskogee or wherever else closer to home that is more convenient as long as it is in the best interest of that patient. Specifically, it says that a veteran and the veteran's referring clinician agree that the care or services in the community would be in the best medical interest of the veteran after considering criteria, including—and then all those criteria. So every personal criterion, as well as medical criterion, is considered. So that should never happen again because of the VA MISSION Act. I appreciate the Senator bringing it to our attention, and I hope it never happens again in Oklahoma or anywhere in the United States.

Mr. LANKFORD. Anywhere else. I thank the chairman for that clarification. We look forward to doing what is in the best interest of the veteran and the veteran's care—not necessarily what is the simplest thing for the VA but what is in the best interest of that veteran and their family.

I appreciate all the great folks at the VA who serve our veterans so faithfully every day and will continue to be able to give them what they need to do that but also help our veterans know that they are going to be taken care of in the best possible way.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, as we approach Memorial Day weekend, we will soon pause to honor and remember the members of our Armed Forces who have paid the ultimate price in service to our country.

As Americans, we honor all our veterans who have sacrificially fought for our freedoms—certainly those who have paid with their lives but also those who have returned home, determined that we not forget their fallen brothers- and sisters-in-arms.

Among the most meaningful ways Congress can honor our veterans is to uphold the promises that have been made to them. One such promise and responsibility is to ensure that America's veterans have access to the quality medical care they earned through their service.

I thank Chairman ISAKSON and his staff for all the effort they have put into the bill before us. His tireless work on behalf of America's veterans has produced the compromise legislation now pending that aims to reform the VA's broken community care programs.

I particularly appreciate Chairman ISAKSON for sending his staff to Wyoming to understand the problems our veterans and providers have had with VA Choice.

Since the VA Choice Program was enacted in 2014, I have received hundreds of letters and calls from people across Wyoming who were so frustrated with the program that they felt they had no other choice but to call their Senator. I have been contacted by veterans who could not access timely followup care or critical screenings because of unpaid claims, leading to providers dropping patients. Some veterans are even facing collections from the Choice Program's failure to pay the providers' claims.

Similarly, many providers have not been paid for medical services they have provided. That has led some of Wyoming's physicians to stop participating in VA Choice. We are the least populated State in the Nation, but earlier this month, we had 3,130 pending claims in Wyoming, with 1,025 of them being over 30 days old. To get those numbers to even that level has required multiple meetings with the Department of Veterans Affairs and the administrator of the VA Choice Program for Wyoming. At the end of March, there were 5,319 pending claims and 3,214 more that were more than 30 days old. A number of my colleagues have participated in those meetings, and I appreciate their shared interest in improving care for our veterans in rural States.

Despite those meetings, I still hear reports about how difficult it is to get simple questions answered. Whether dealing with the VA directly or with contractors who are supposed to administer the program, the process of receiving and paying for healthcare services is broken.

I believe the problems faced by Wyoming's veterans and doctors will be improved by this bill. I thank the Senator from Georgia for including provisions related to healthcare providers, veteran education, prompt payment to providers, tools for the VA to resolve payment issues, and VA flexibility to enter into agreements between VA facilities and healthcare providers. However, I do have one disappointment. I do have one concern with the bill. It is not paid for. I believe we must acknowledge that borrowing more money to pay for this program isn't an ideal way to honor our veterans. CBO estimates that Federal outlays will total more than \$56.6 trillion over the next 10 years—that is \$56,600 billion—and yet nowhere in that budget can we find \$4.5 billion to offset the cost of this program?

I believe we should care for our veterans in a fiscally responsible manner. In fact, I believe this is the best way to ensure their care long term, as well as the care for veterans of the next generation.

I ask for support of the bill.

I thank the Presiding Officer.

I yield the floor.

Ms. MURKOWSKI. Mr. President, I ask unanimous consent to engage in a colloquy with my friend and colleague, the distinguished chairman of the Senate Veterans' Affairs Committee, Senator ISAKSON.

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

Ms. MURKOWSKI. Mr. President, I would like to confirm my understanding that the term Indian Health Service as it appears in section 101 of the MISSION Act of 2018 includes Tribal health providers that are funded by the Indian Health Service and step into the shoes of the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act to provide healthcare.

Mr. ISAKSON. Mr. President, the Senator is correct. The term Indian Health Service includes Indian Tribes and Tribal organizations that operate healthcare facilities in lieu of the Indian Health Service pursuant to a contract or self-governance compact with the Federal Government.

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

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

AMERICA'S WATER INFRASTRUCTURE ACT

Mr. BARRASSO. Mr. President, over the past 50 years, our country has gone from being a construction society to a consumption society. As a result, our bridges, our roads, our dams, and our waterways have suffered. President Trump has said that rebuilding America's infrastructure is a priority for his administration. He said that we will build "with American heart, American hands, and American grit." That is what President Trump said in the State of the Union this year.

Yesterday the Committee on Environment and Public Works took a big step toward meeting that goal. We voted to approve the America's Water Infrastructure Act.

There are a lot of people in Wyoming and around the Rocky Mountain West, as well, who say that—well, it was originally attributed to Mark Twain, and it goes like this: "Whiskey is for drinking; water is for fighting over."

Surprisingly, in this case, we actually didn't fight over the water of the United States. This legislation was written by Republicans and Democrats, and it passed with unanimous, bipartisan support of 21 to 0. Both parties