

VETERAN PARTNERS' EFFORTS TO ENHANCE REINTEGRATION ACT

On Thursday, January 25, 2018, the Senate passed S. 1873, as amended, as follows:

S. 1873

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veteran Partners' Efforts to Enhance Reintegration Act" or the "Veteran PEER Act".

SEC. 2. PROGRAM ON ESTABLISHMENT OF PEER SPECIALISTS IN PATIENT ALIGNED CARE TEAM SETTINGS WITHIN MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a program to establish not fewer than two peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs to promote the use and integration of services for mental health, substance use disorder, and behavior health in a primary care setting.

(b) TIMEFRAME FOR ESTABLISHMENT OF PROGRAM.—The Secretary shall carry out the program at medical centers of the Department as follows:

(1) Not later than December 31, 2018, at not fewer than 25 medical centers of the Department.

(2) Not later than December 31, 2019, at not fewer than 50 medical centers of the Department.

(c) SELECTION OF LOCATIONS.—

(1) IN GENERAL.—The Secretary shall select medical centers for the program as follows:

(A) Not fewer than five shall be medical centers of the Department that are designated by the Secretary as polytrauma centers.

(B) Not fewer than ten shall be medical centers of the Department that are not designated by the Secretary as polytrauma centers.

(2) CONSIDERATIONS.—In selecting medical centers for the program under paragraph (1), the Secretary shall consider the feasibility and advisability of selecting medical centers in the following areas:

(A) Rural areas and other areas that are underserved by the Department.

(B) Areas that are not in close proximity to an active duty military installation.

(C) Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.

(d) GENDER-SPECIFIC SERVICES.—In carrying out the program at each location selected under subsection (c), the Secretary shall ensure that—

(1) the needs of female veterans are specifically considered and addressed; and

(2) female peer specialists are made available to female veterans who are treated at each location.

(e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—At each location selected under subsection (c), the Secretary shall consider ways in which peer specialists can conduct outreach to health care providers in the community who are known to be serving veterans to engage with those providers and veterans served by those providers.

(f) REPORTS.—

(1) PERIODIC REPORTS.—

(A) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and not less frequently than once every 180 days thereafter until the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report on the program.

(B) ELEMENTS.—Each report required by subparagraph (A) shall, with respect to the 180-day period preceding the submittal of the report, include the following:

(i) The findings and conclusions of the Secretary with respect to the program.

(ii) An assessment of the benefits of the program to veterans and family members of veterans.

(iii) An assessment of the effectiveness of peer specialists in engaging under subsection (e) with health care providers in the community and veterans served by those providers.

(2) FINAL REPORT.—Not later than 180 days after the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report detailing the recommendations of the Secretary as to the feasibility and advisability of expanding the program to additional locations.

PROVIDING FOR A JOINT SESSION OF CONGRESS TO RECEIVE A MESSAGE FROM THE PRESIDENT

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 101, which was received from the House.

The PRESIDING OFFICER. The clerk will report the concurrent resolution by title.

The legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 101) providing for a joint session of Congress to receive a message from the President.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. LANKFORD. Mr. President, I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table.

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

The concurrent resolution (H. Con. Res. 101) was agreed to.

AUTHORIZING APPOINTMENT OF ESCORT COMMITTEE

Mr. LANKFORD. Mr. President, I ask unanimous consent that the Presiding Officer of the Senate be authorized to appoint a committee on the part of the Senate to join with a like committee on the part of the House of Representatives to escort the President of the United States into the House Chamber for the joint session to be held at 9 p.m. on Tuesday, January 30, 2018.

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

UNANIMOUS CONSENT AGREEMENT—READING OF WASHINGTON'S FAREWELL ADDRESS

Mr. LANKFORD. Mr. President, I ask unanimous consent that notwithstanding the resolution of the Senate of January 24, 1901, the traditional reading of Washington's Farewell Address take place on Monday, February 26, following the prayer and pledge; further, that Senator PETERS be recognized to deliver the address.

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

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

The PRESIDING OFFICER. Mr. President, I ask unanimous consent that notwithstanding the provisions of rule XXII, the Senate vote on confirmation of the Stras nomination at 2:15 p.m. on Tuesday, January 30; and that if confirmed, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

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

ORDERS FOR TUESDAY, JANUARY 30, 2018

Mr. LANKFORD. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Tuesday, January 30; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Stras nomination; finally, that the Senate recess from 12:30 p.m. until 2:15 p.m., and that all time during recess, adjournment, morning business, and leader remarks count postcloture on the Stras nomination.

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

ORDER FOR ADJOURNMENT

Mr. LANKFORD. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator CASEY.

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

Mr. LANKFORD. Mr. President, 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. CASEY. 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. CASEY. Mr. President, I ask unanimous consent to speak as in morning business.

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

COMMUNITY HEALTH CENTERS

Mr. CASEY. Mr. President, tonight I rise to speak about two matters. The first is the issue of community health centers, which, of course, is a major issue for States across the country.

Millions of Americans get their healthcare through community health centers. I will mention it more than once—800,000 of them are in the State of Pennsylvania. As we come closer to working out bipartisan agreements on a whole range of issues that are ahead of us literally in the next 2 to 3 weeks, I hope there will be a strong consensus to provide a funding plan and funding certainty to community health centers across the country.

These community health centers provide access to healthcare through education, rehabilitation, preventive services, and direct care. These centers focus on meeting the very basic healthcare needs in a community. They provide critical services, especially for people in both urban areas and rural areas, where there are often limited options for primary care and prevention clinics.

Despite the critical importance of these health centers, Congress failed to act to extend the majority of funding for community health centers before it ran out on September 30, 2017. After funds expired, the health centers were facing a funding reduction of between 60 percent and 70 percent of their funding.

Last December, Congress passed a continuing resolution that included \$550 million in funding for community health centers. That is nowhere near what they need to get through even 1 year. While this funding patch will provide some short-term relief, the funds do not provide the long-term funding stability for health centers that they need and that the patients who depend upon them should have a right to expect.

It is time for Congress to end the delays and get a long-term funding plan in place for these community health centers by the next deadline for the continuing resolution for funding, which is, of course, February 8. Because there is a deadline, it does give us the chance to work toward that date, to get funding in place by the 8th.

Across the United States, health centers serve more than 25 million patients per year. That is about 1 in 13 Americans overall. Consider this: I live in a State where we have 67 counties, but 48 of the 67 are so-called rural counties. That is the way they are categorized. There are a lot of healthcare needs in those rural communities and rural counties. Health centers provide care to one in four rural Americans. If that ratio were applied to Pennsylvania—we have at least 3 million people who live in rural communities. You can see the numbers. Hundreds of thousands of Pennsylvanians in rural areas depend upon healthcare from these community health centers.

In terms of the centers themselves, in 2016, Pennsylvania had 264, and that meant there were thousands of people working in those health centers. There are close to 5,000—above 4,900 Pennsylvanians who work in these centers. These health centers provide quality

care and vital services, as I said before, to a total of 800,000 Pennsylvanians—rural, urban, and otherwise.

To give you a sense of some of the testimony I received from people in our State, one story came from Emily, who works at the Family Practice and Counseling Network, a location I just visited today in Philadelphia. She wrote this letter to me a number of weeks ago. I won't read the whole excerpt, but this is what she said in pertinent part about the people who are served by these community health centers:

They have lives filled with trauma and in turn suffer from social, physical, and behavioral issues that will go untreated if funding for [community health centers] goes away . . . our services are so needed.

The words I want people to remember are "lives filled with trauma." That is, unfortunately, a good description of the lives led by a lot of Americans when healthcare—in this case, a community health care center—is not there for them or when healthcare itself is threatened. "Lives filled with trauma."

Another person who works at the same place and who has been the leader of this particular institution, the Family Practice and Counseling Network in Philadelphia, is the executive director, Donna Torrisi. I met her just today. She sent me a letter prior to today about her concerns. She is concerned about the funding cliff resulting in a barrier to care for people who need mental health services that are critically important. Donna said in pertinent part:

The impact on our community will be devastating. Our health center provides behavioral health services that are already limited in Philadelphia. Without funding, we'll need to close a site and cut jobs, causing patients to go without the care they desperately need.

For purposes of this debate, I would consider that expert testimony on community health centers because I know that in Donna's case, she has worked in this field something on the order of 25 years. We appreciate her weighing in on this.

I know there is concern on both sides of the aisle on this issue. I hope that concern results in a bipartisan agreement to fund community health centers to at least—and I would like to do a lot more, but at least give some funding certainty for the next year, meaning from now until the end of the fiscal year. I hope we can get an agreement that would give funding certainty for 2 years or more. That would be ideal.

HONORING DEPUTY MARSHAL CHRISTOPHER DAVID HILL

Mr. CASEY. Mr. President, I want to spend a couple of moments tonight—I know the hour is late for the Senate and people working here, but I want to end the night with a message about a law enforcement official in Pennsylvania whose memorial service I at-

tended on Friday. This individual was a deputy marshal. His name is Christopher David Hill. He lost his life on January 18. He was living at the time in York, PA. He was killed in the line of duty in Harrisburg—not far from York—while attempting to apprehend a fugitive.

I commend Deputy Marshal Hill for his service to the Commonwealth of Pennsylvania and his service to our Nation. He happened to be working in the Middle District of Pennsylvania, which meant he had responsibility for work through counties from the bottom of the State all the way up to Northeastern Pennsylvania, which is my home area.

I offer our deepest condolences to his family. Law enforcement officers like Christopher Hill accept the special duty of protecting the rest of us and keeping our communities safe. I have to say that we often don't think about that in the context of Federal marshals who do critically important work every day of the week and are often in horrifically dangerous circumstances.

In this case with Deputy Marshal Hill, the murderer was shooting from a higher position in a house. They didn't know this individual was in the house. He was shooting down at him. He had protective gear on. I won't give a full description because I am not qualified to do that, but the problem is the bullet came from a direction like this and entered his body from above and killed him even though he had protection on and all the proper protocols were followed. It was, in essence, a one-man ambush because they were trying to apprehend another individual on the floor below where the assailant was. That is the kind of danger Federal marshals face every day of the week, and sometimes we don't realize it.

Chris and his loving family made the ultimate sacrifice for the Nation and for the people in Pennsylvania. For his bravery and the contribution of his family, who supported him, we are eternally grateful for that commitment to law enforcement and the country.

Christopher David Hill was born in Sacramento, CA, but he was raised in Central Pennsylvania. He graduated from Warrior Run High School. He served his country as a Ranger in the U.S. Army, where he was assigned to the prestigious 3rd Battalion. While in the Army, Chris earned many awards, including the Army Commendation Medal.

For the last 11 years, he served as a deputy U.S. marshal. He was a member of the agency's Special Operations Group, so-called SOG.

At the memorial service, there were lots of references to that Special Operations Group because members of that group were there to not only pay tribute to him but to speak about his life, to speak about his service and to speak about his character and his bravery in very moving testimonials. The Special Operations Group is a specially trained and highly disciplined tactical unit.