

the Senate, need to offer some assistance to the administration and our allies, and, working with Senator SHAHEEN, we will try to find a way to move forward. I appreciate her interests.

There is not a whole lot of upside in talking about things like this in modern American politics. But you are always going to be viewed well by history when you address a problem, when you stand up against evil, and when you try to do something about it. It may not be popular for the moment, but time will prove you right.

I thank Senator SHAHEEN.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

VA MISSION ACT

Ms. ERNST. Mr. President, one of the most sacred promises our Nation makes is our pledge to care for our men and women in uniform when they return home.

When it became clear that the VA was falling short of that standard, I am proud to say that we here in the Senate put politics aside, rolled up our sleeves, and actually got to work.

The result was the VA MISSION Act, a bipartisan bill that aims to ensure our veterans are receiving the quality care they have earned and deserve. I was honored to have been on hand in the Rose Garden representing Iowa, its veterans, and its military families, as President Trump signed this bill into law.

This month, the more than 200,000 veterans across Iowa will begin to see the benefits of those reforms as the VA begins to implement the VA MISSION Act. That is because one major focus of the bill was to make sure it would help the VA do a better job of taking care of our veterans in rural and underserved areas.

Toward that end, one significant reform that is going into effect this month aims to allow rural or disabled veterans to receive care from the comfort of their own home by increasing telehealth and telemedicine services provided by the VA. This was a provision I pushed for, starting with my VETS Act, and I am so glad it made it into the final package.

You see, we in Iowa know that rural and disabled vets face an even harder uphill battle when it comes to getting quality healthcare. This is because doctors aren't right down the street or a short drive away. These folks have to drive many miles just to see a caregiver and sometimes many more for followup treatments or procedures.

The law includes a lot of other great reforms. It expands VA caregiver benefits to pre-9/11 veterans. It takes steps to modernize VA facilities, increases

resources to hire more providers, and helps ensure prompt payment to community providers. It is just another example of how, despite what folks may see on television, the Senate is passing legislation that is making a positive impact on Americans' lives.

Our veterans have selflessly sacrificed in defense of our freedom and our great way of life. They deserve nothing less than the benefits they were promised and better access to quality care.

With the VA MISSION Act, the Senate has given the VA the tools it needs to work toward keeping that promise. I am so thankful for the other Members who will be joining me here today on the floor to talk through the successes of the implementation of the VA MISSION Act.

Of course, a strong leader who brought this bill over the finish line is the chairman of the Veterans' Affairs Committee.

I yield to the wonderful Senator from the great State of Georgia, JOHNNY ISAKSON.

(Mr. PERDUE assumed the Chair.)

Mr. ISAKSON. Mr. President, just for the record, a staff sergeant just addressed a lieutenant colonel. She is beautiful, and she is also very smart. I am glad to be in the military with her. I am glad to have served our country and proud of the service she has given our country and the service she gives to the U.S. Senate and the great State of Iowa.

As chairman of the Veterans' Affairs Committee, I have had a great experience the last few years pretty much lined up with what Senator ERNST said.

When we got here 4 years ago in the Senate and took this committee, the VA was a mess. Veterans services were not being met. There was story after story of veterans not getting appointments kept, the wrong tooth being pulled, the wrong leg being set, the wrong disease being treated. Lots of hospitals had sanitation problems. There were just a whole lot of things, and I said "What have I gotten myself into?" because I came here to go on the committee and try to help our veterans get better healthcare. Instead, I thought I was presiding over the end of healthcare.

So we all set our minds—Senator ERNST and I, Senator PERDUE in the Chair now, and Mr. SCOTT from the great State of Florida—all of us rallied and said: We are going to make this right. We are going to go on a mission. Our mission is to make the VA work and make it work for our veterans. We are not going to take no for an answer.

On the 6th day of June, a week and a half ago, we all celebrated the 75th anniversary of D-day. But it was the first anniversary of a renewed VA—a VA on a mission. I am proud to tell you now that on the first anniversary of the VA MISSION Act, which passed last year, we have fewer complaints, more compliments, better reserve, and better outcomes. We are working toward see-

ing to it that we have the best possible healthcare we can have for our veterans.

I am glad to join Senator ERNST and the other Senators who will speak about the promises of the VA system now being met for those who have sacrificed and risked their lives for us, being sure they are given the healthcare they want. We are doing it by applying the right types of principles and the right type of can-do attitude.

Care in the community, which is a major portion of the MISSION Act, was the most important part. Care in the community is basically all of the services we put together to make healthcare accessible to our veterans. We were having a problem with veterans getting appointments within 30 days of making the appointment. We were having trouble with veterans who live more than 40 miles from a VA hospital or VA CBOC to get appointments in time in the system. We have had problems with certain rare diseases and difficult problems only from the types of warfare we are in today with IEDs and things like that to get the right doctors with the right veterans at the right time.

Then, we had the problem of America being a country spread out all over the place, 48 contiguous States from Montana to Florida. A lot of doctors have to be utilized to get care to the veteran. It is the same thing with Hawaii, the same thing with Alaska.

But we put the whole thing together in a care in the community package, which started during last year and now is in full swing, and I am proud to tell you—and I am sure I am going to regret saying this—but we didn't have a complaint in the first week after the inception last year about the system failing to work.

The access standards have been looked at and improved. We took the mistakes we made a year ago and put the answers in place, solutions in place. We did everything we could to make our mission a winner for the veterans, and we did. I am here today to join my other colleagues who are going to speak about the MISSION Act and about our veterans. We are very proud that we took the challenge to see to it that something we had promised them years ago—our vets—works and worked better for them, and we will continue to keep that pledge in the years to come.

We owe no greater obligation than we do to those who served our country in the military. Our obligation is to see to it that what we promised them when they joined is what they get when they are in the veteran status. As long as I have the ability to serve in the U.S. Senate and as chairman of that committee, I will remain committed and remain on a mission to see to it that we make that a reality for all of our veterans.

With that said, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. HOEVEN. Mr. President, I ask unanimous consent that the quorum call be rescinded.

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

Mr. HOEVEN. Mr. President, I am pleased to come today and join my colleagues to highlight the VA MISSION Act—legislation we passed to provide our veterans with access to health and long-term care closer to home. This month, I had the opportunity to join a Senate delegation in Normandy for the 75th Anniversary of D-day. We had the honor of meeting with some of our veterans who landed on the beaches of Normandy, and we were reminded, once again, of the tremendous sacrifices our Nation's veterans have made to preserve our way of life and keep our Nation free.

Given their service and sacrifice, the least that our Nation can do is uphold its commitment to provide our veterans with the healthcare they have truly earned. Over the last year, we have been working with the VA to ensure that the MISSION Act is properly implemented so it truly benefits our veterans. This bipartisan legislation not only strengthens the VA's ability to provide care for our veterans, but when the VA is unable to do so, it gives our veterans more options to seek care in their home communities. This has been a top priority for veterans in my home State of North Dakota and across the country.

The VA MISSION Act removed the arbitrary 30-day, 40-mile eligibility requirement that prevented veterans living within 40 miles of a VA facility from being eligible for care in their home community. Now, when a VA Medical Center or community-based outpatient clinic isn't able to provide the services a veteran needs, our veterans are able to access healthcare services in their local community.

Additionally, the VA MISSION Act contains provisions from the veterans access to long-term care and health services legislation I had introduced, which allows non-VA, long-term care providers—so now long-term care providers, nursing homes and others—to enter into veterans care agreements with the VA. These agreements will help cut through the bureaucratic redtape at the VA and help veterans access nursing home and other long-term care in their communities, including home-based care services—again, providing not only healthcare but long-term care to our veterans closer to home, in their home communities and closer to their loved ones.

We are continuing to work with the VA and long-term care providers to ensure that providers that want to treat veterans are able to do so without unnecessary burdens, meaning without additional inspections, without additional redtape that in some cases,

causes our long-term care providers—whether it is nursing homes or in-care providers—to not accept VA reimbursement. This makes sure that they can take VA reimbursement and that the rules and requirements are the same as if they are taking Medicaid or Medicare reimbursement. This is very important for our veterans, but it makes sure that we streamline the process so those nursing homes or those home-based and community-based services in a community provide those services to our veterans and take VA reimbursement to do it.

Our veterans have sacrificed so much for our Nation, which is why we continue working to implement the VA MISSION Act properly and ensure it meets our goal—meets our goal of providing veterans access to healthcare and long-term care closer to home.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. YOUNG. Mr. President, having served in the Navy and as a Marine Corps officer, I am sensitive to the many challenges facing our veterans. The VA was established almost 90 years ago, so when the VA MISSION Act was passed, it was time for a wide-scale reform to modernize and improve the system.

I was proud to support and vote for the VA MISSION Act, which was signed into law 1 year ago this month. This new program could dramatically change the way our veterans receive care. For the first time, veterans can walk into a local urgent care clinic, like most Americans can—as long as it is in network—and receive care that day, at no cost to them, up to three visits per year. They can even get a flu shot now at urgent care rather than having to visit the VA for such a simple procedure.

The VA MISSION Act is already at work back home in Indiana. In fact, a Hoosier veteran recently approached me while I was traveling throughout the State, and he said there was an appointment he could not get scheduled with the VA until August or September. Now, we had this conversation some weeks ago, but when the VA MISSION Act went into effect at the beginning of this month, he tried again, and he was able to get an appointment right away. So I am sure this is just the first of many positive stories I am going to be hearing as I travel around the State in coming days and even years to come.

It is also important that we in Congress listen to those whose experience with the VA has not improved. If there is a part of this act that isn't working or isn't being implemented as intended, then we have to revisit it. We have to work with the VA to get it right—removing barriers within the system and streamlining access to care. This is going to help veterans of all eras live happy and healthier lives. So that is what matters the most.

I will continue to fight for the proper care and treatment of our veterans because they deserve nothing less.

I yield back.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. BOOZMAN. Mr. President, I am pleased to join my colleagues today to show our continued support for improvements to the VA Community Care Programs. Last year, under the leadership of Senate VA Committee Chairman ISAKSON and Ranking Member TESTER, we passed the VA MISSION Act so veterans would have access to healthcare and services in their own communities.

I was proud to support this landmark legislation that improves how VA delivers healthcare. Earlier this month, the VA rolled out the Veterans Community Care Program. The VA MISSION Act offers veterans more options to better support their needs no matter where they live. This allows a veteran and his or her doctor to decide where it is best for the veteran patient to receive care, taking into consideration the veteran's healthcare needs and the availability and location of both VA and community care.

For veterans who live in a rural State like Arkansas, this is especially good news. Arkansas veterans can be proud of the VA facilities in our State. The VA hospitals in Little Rock and Fayetteville and those in neighboring States provide quality care and service for our veteran population. The challenge is, these are located in more urban areas.

The community-based outpatient clinics, known as CBOCs, make healthcare more accessible to veterans in rural areas, but if a veteran needs more advanced care than a CBOC can provide, it can mean a full-day trip to the nearest VA Hospital. The reforms to community care will allow more veterans to avoid that extended travel time and enable them to receive quality care within their own community.

This program expands access to more local doctors and urgent care within the VA's contracted network. Our Nation's veterans were promised access to healthcare for their service and sacrifice. The program continues our work to uphold that pledge.

The VA MISSION Act improves the VA's ability to hire high-quality healthcare professionals, expands VA caregiver benefits to veterans of all generations, and creates a process to evaluate and reform VA facilities so they can best serve veterans.

It is evident that under Secretary Wilkie's leadership, his team has been focused on executing a complete plan to implement this program and minimize any negative consequences our veterans might face as we transition to the new and updated Community Care Program.

The VA has been proactive in educating veterans about the reforms and eligibility requirements with a variety of sources of information about criteria for the new community care.

The Department has provided training to VA employees across the country on the updated criteria. Its initial outreach included talking to healthcare providers also about the changes.

There are still parts of the VA MISSION Act that have not yet been enacted, but so far, I am pleased with the rollout. My colleagues and I on the Senate VA Committee take our oversight responsibility very seriously. We will continue to closely follow the implementation and be ready to fix issues that may arise along the way so we can be sure that benefits are delivered as they were promised. The responsibility to ensure funding for community care programs falls to the Appropriations Subcommittee on Military Construction and Veterans Affairs.

As the chairman, I will continue working to fully fund the expansion of community care, and I look forward to support from my colleagues to provide the necessary resources to ensure this program's success.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. BRAUN. Mr. President, my hometown of Jasper, IN, sits in the county with the most veterans per capita in the State. My father was a tail gunner on a B-17 himself, and I will never forget the lesson he and my community impressed upon me of honoring those who have served so effortlessly and selflessly.

Providing for the health and well-being of the men and women who have sacrificed so much for our country is the least we can do, and it ought to be one of the things we can all agree on in this Chamber.

When the Trump administration took over, the VA had been in dire straits for many years. The passage of the MISSION Act represented a great stride toward improving access to quality healthcare services for our vets and, especially, a great step for Hoosier veterans.

A few of the valuable provisions for Hoosier veterans in the MISSION Act include these: replacing the mileage requirement with a drive time requirement; greatly expanding access to care for Hoosier veterans who report to VA hospitals in bigger cities like Chicago, Indianapolis, Louisville, and Cincinnati; reducing the maximum wait times and reducing the strain on smaller VA facilities that may not have the resources or specialties available to serve patients in a timely manner; implementing a new urgent care benefit so veterans can now utilize urgent care and walk-in facilities from providers in the VA network without prior authorization; and a big win for access to care for Hoosier vets, allowing veterans to seek out community care if the VA medical service line is unable to meet quality standards.

Before this legislation, Hoosier veterans not receiving proper care would have nowhere else to turn. The MIS-

SION Act offers Hoosier veterans better choices, better access, and better care.

As we reflect on the sacrifice of our servicemen and servicewomen this upcoming Fourth of July season, we must also remember our commitment to them once they return from the field of battle. We have made great strides in improving access and quality for veteran care in the last 2 years, and the MISSION Act is a big win for Hoosiers and all American veterans.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, 1 year ago, we came together not as Republicans or Democrats but as Americans. We passed a major milestone for our veterans. The bipartisan VA MISSION Act brought us a step closer to fulfilling our obligation to care for our men and women who serve in uniform.

In Montana we have one of the highest veteran per capita populations in the United States, and the issue of access to veteran healthcare is one that I hear across every corner of our State.

My dad is a U.S. marine. I am proud we were able to get this important bill signed into law. The VA MISSION Act will help fix many of the problems plaguing the VA Choice Program. The veterans across our rural communities in Montana will have greater and more convenient access to care. Telemedicine services will be strengthened to accommodate those who live a long ways away from traditional hospitals or health clinics. Oversight of opioid prescriptions will be strengthened. There will be greater accountability in how companies manage this new program.

It will help fill the VA's medical professional shortage through scholarship and loan repayment programs for medical and dental students who commit to serving in the VA. The MISSION Act was an important step forward, and I am proud to have helped get this bill across the finish line and onto President Trump's desk.

Now we must hold the VA and the program administrators accountable for ensuring the MISSION Act works for our veterans. I will be in constant contact with local VA leaders and veterans themselves to get firsthand feedback as this is implemented.

As we celebrate this important milestone, we must not slow down our efforts to continue to improve our veterans' healthcare. I look forward to continuing to work on behalf of our veterans and build off the good work that was accomplished here last year. We must ensure that veterans in Montana and across our Nation receive the care they have earned. I am honored to fight this fight for the brave men and the brave women who served in uniform.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

JUNETEENTH

Mr. LANKFORD. Mr. President, I rise today to talk about Juneteenth and the VA MISSION Act.

The VA MISSION Act is a remarkable transition that is happening right now in VA centers across the country, but I need to pause for just a moment in recognition of today's date.

Today, as many people here in the Senate know—and if they don't know, they should know—today is June 19. In the South today, we recognize it as Juneteenth.

The Emancipation Proclamation was signed by Abraham Lincoln on January 1, 1863, but it took 2 years for that information about the emancipation of the slaves to reach multiple areas of the South. The date that was officially recognized was June 19, and that is the day we recognize each year—June 19—as Emancipation Day. In Oklahoma, in my great State, it actually didn't reach us until June 14, 1866—almost a year after it reached Texas. That is how long communication took at the time, to get the information.

It is a remarkable thing to think about. One hundred and fifty-four years after emancipation reached the Southern States and the word of that reached them and after the end of the Civil War, we still as a nation pause on June 19 every year to remember how horrible it was to treat humanity as property. May we not forget where we were so we never get close to that again.

VA MISSION ACT

Mr. President, I also came to talk about the VA. In 2014, a scandal broke at the VA in Phoenix, and the entire Nation paused for a moment and saw what was happening at the Phoenix VA and saw how broken the healthcare system was.

There have been some very significant changes since that time period. The Veterans Choice and Accountability Act was passed, giving veterans the opportunity to get access to healthcare if it was backed up and slow at their own VA health center. If they couldn't get there within 30 days to see someone, then they would have the opportunity to see someone in their local area. If it was a long distance to get there, they weren't required to drive long distances from rural areas to get to an urban VA center. That passed with the Veterans Choice Act, and that was the beginning point of reform in the VA centers.

There were lots of problems in the Choice Act in the very beginning—getting access to doctors, doctors getting paid. How far is the distance? Is it based on mileage on the road, or is it as the crow flies? There were all kinds of things that got worked out in the first year or so. Within the first year, we started seeing veterans getting access to care closer to home and faster, but early on in that success, we also realized there was a need for major changes.

Not long after that, this Congress passed reform to hiring and firing at