

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

the VA, giving authority to supervisors at the VA. If someone was not taking care of our veterans, there was a faster path to review this person, evaluate this person, and, if they would not change their behavior in the workforce, to be able to release them.

That special authority was given to VA centers all across the country just a couple of years ago, and the VA centers have used that to dramatically change the face of the people taking care of our veterans. Across the country, multiple individuals who were not putting veterans first have now been removed from VA centers, including those in Oklahoma. People who are passionate about taking care of veterans were put in those spots.

Just 1 year ago this month, Congress, along with President Trump, prioritized veterans again by passing the MISSION Act. The MISSION Act takes the Choice Act from a couple of years ago to the next logical step. It gives veterans the ability to have streamlined access to community care programs. They can still choose to go to their veterans centers, and many veterans choose to do that. They want to go there. They like their physician and their nurses and the process they go through there. But some of them want to go to a physician in their community. Maybe their spouse or kids go to that same physician, or maybe it is a family physician whom their family has known for a long time. Instead of being required to head to a VA center, they have the option to get care in their own community.

Also, if they need a specialist and the veterans center doesn't have that specialist close to them, they can get access to the specialist in an area that is close to them.

I will never forget the day that I dropped by one of the veterans centers in Oklahoma. I dropped by on a Sunday. Quite frankly, I wanted to meet the veterans and knew that none of the administration would be there and that I could just talk to the folks in the hallway and there wouldn't be the pomp and circumstance of a Senator walking up and down the halls. So I got a chance to visit with the veterans and see how they were doing and how their care was going.

As I walked into one of the rooms and introduced myself and asked a veteran how his care was going, he said: My care is going great. My doctors are terrific.

I said: Is this your first time in a veterans center?

He said: No. I have been in one before, but it wasn't here; it was in Seattle.

I said: Did you live in Seattle?

His response was: No, I didn't live in Seattle. I live here in Oklahoma, but I needed a certain type of cancer care, and the VA said that to get that specialty cancer care, I had to go to Seattle, to that veterans center, to get it.

My next question was obvious: Did your family get to go?

He hesitated, and then he said: No. I was in cancer treatment for 6 weeks by myself because the VA wouldn't cover my family to go there.

So a veteran who served us, who had to be away from his family, in service, multiple times then had to be away from his family again when he had cancer treatment. Why in the world would we do that when in Oklahoma, we have the Stephenson Cancer Center? One of the top cancer hospitals in the country is right in Oklahoma City. We have great cancer care in Tulsa. We have some phenomenal facilities that could have taken care of that veteran, and his family could have participated with him so he would not have been separated at one of the most traumatic moments of his life. Guess what. With the passage of the MISSION Act, that will never happen again. Specialty care like that can be done locally. When there is a great specialist nearby, they can get to that specialist nearby.

The MISSION Act really is a sea change in how we make sure the promise to our veterans is being maintained. It is not about putting all veterans in all cases of all care in a veterans center and saying: That is where everybody has to go. It is going back to the veteran and saying: What would you prefer? What is your preference? What is best for your treatment?

What is best for their treatment may not be the VA center there; it may be a highly skilled, highly prepared, quality set of doctors in a nearby specialty center for diabetes or cancer. This allows them to do that.

I do commend our veteran care centers in Oklahoma. There are some great leaders there who are working very hard. With the transition in personnel that has occurred in the last couple of years and the hard decisions that have been made, they have put in some really top-notch folks. I am proud they are in my State and in the way they are taking care of our veterans.

As we implement the MISSION Act in the days ahead, my hope is that we continue to give veterans the opportunity to make choices about their own care, that we continue to achieve stronger skill sets in the areas of care needed for our veterans, and that VA centers will be places where the highest quality of care will be given with regard to veteran-specific issues. So when a specialist is needed and maybe that specialist is not available at the veterans care center, veterans will still be able to get the best care they possibly can.

I look forward to the regulations continuing to be rolled out, as they are rolling out right now. Most of all, I look forward to looking our veterans in the face when asking "Are you getting the care you need?" and hearing their answer of "yes." That is what I look forward to.

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. DAINES. 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. DAINES. Mr. President, I ask unanimous consent to engage in colloquy with my Senate colleague.

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

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

Mr. DAINES. Mr. President, I am here today to discuss an issue that is very important to Montanans, folks across the Nation, and many of my colleagues here in the Senate, and that is the Temporary Assistance for Needy Families Program, commonly known as TANF. That is our Nation's cash-assistance and services program for low-income households with children.

I am joined today by my esteemed colleague and my friend, the Senator from Iowa, Mr. GRASSLEY. I have the privilege of serving on the Senate Finance Committee, chaired by Senator GRASSLEY, which has jurisdiction over TANF. Chairman GRASSLEY, like me, knows how important it is to ensure that this program is working as intended and that it is helping families move into jobs and toward self-sufficiency. Of course, it was Chairman GRASSLEY who helped bring about the last significant reform to TANF in 2006. I am glad he is leading the committee as we try to pass meaningful reforms again this year.

We are here today because we cannot ignore that Congress is about to do a straight continuation of funding of TANF for the 39th consecutive time despite the fact that this program needs reform.

TANF, created with bipartisan support in 1996, was a huge success for the American people. Let me say that again—with bipartisan support. After TANF became law, welfare caseloads plummeted, child poverty declined, and employment among low-income parents actually went up. TANF recognized that finding and maintaining a job is the most effective way for families to go from government-dependency to self-sufficiency.

However, more than 20 years after these historic 1996 reforms, Congress has neglected to act on the loopholes that hold States accountable for work requirements. In fact, today, very few States, including my home State of Montana, are meeting the work participation rate that is required by the law. The law calls for 50 percent of welfare enrollees to be engaged in work, but in Montana, they are only reaching one-third of that.

Many States are also using TANF dollars for purposes unrelated to work. States need to be providing families with the support they need, and that is why I am taking action. That is why I introduced legislation earlier this year—the Jobs and Opportunity with Benefits and Services Act, better