

times. We are having hard times, and it is our duty to try to address that hardship.

Democrats are willing to compromise. When we say, "Hey, we have a plan but we will meet you halfway in your plan," and the White House says, "No," you know, what are we supposed to do? What are we supposed to do? A skinny version isn't sufficient for the magnitude of the crisis.

The Senate Republican proposal has some elements that we support, but it leaves so many others unaddressed that it is not adequate. The Republican White House has rejected compromise. President Trump's Executive orders are partly illegal, partly unworkable, and completely insufficient. It doesn't have to be this way because there are many areas on which we can find agreement.

I know many in this body are hearing from their home States' Governors, mayors, local governments, colleges and universities, school boards and housing authorities, food banks, hospitals, and the chambers of commerce. You are hearing the same thing that I am hearing from Virginians.

So, as I conclude, it doesn't have to be this way. We can put together a good bipartisan deal, but it can't be a "White House my way or the highway." It has to be a willingness to meet and find compromise between a Democratic proposal and a proposal that is acceptable to at least some on the GOP side and the White House.

Any large compromise in a divided government is bound to be imperfect. I am reminded of a quote from FDR during the Depression years. You never really had to use quotes from the Depression because the magnitude of the Depression was different than what I have experienced during most of my life, but now quotes from the Depression, I think, bear some revisiting. Here is what FDR said as the administration and Congress, at the time, were doing everything they could to figure out a way to help out needy Americans: "Better the occasional faults of a government that lives in a spirit of charity than the consistent omissions of a government frozen in the ice of its own indifference."

By now, everybody knows somebody who has gotten COVID-19 or somebody who has gotten sick or even died or somebody who has lost a job or somebody who is worried about rent or food. We all know those people, and many of us have experienced this in our own families. Are we going to help or are we going to be frozen in the ice of our own indifference? Let's surprise the Senate. Let's work together and get this done.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. BOOZMAN). The Senator from Nevada.

CORONAVIRUS

Ms. CORTEZ MASTO. Mr. President, you know, as I sit and listen to my colleague from Virginia, I can't agree

more. Now is the time, really, for us to come together to do what the Senate traditionally does best, and that is working on the best interests of the people across this country who are struggling right now.

Compromise is not a bad word. It is time for us to get in a room and really do the job that the American public expects us to do, and that is looking out for their best interests at a time when we have a healthcare pandemic. Now, keep in mind that this is a once-in-a-lifetime pandemic—once in a lifetime. So that requires us to come together and really focus on how we help Americans across this country who are struggling right now. They shouldn't be penalized.

We have asked them to stay home and shelter in place because we are trying to address how we do the research that is necessary for a vaccine. Hopefully, one day, we will have that vaccine. We need to ramp up the testing that is needed so everybody can feel safe and comfortable knowing whether they have this virus or not or the antibody, but we are not there yet because more work needs to be done, particularly by this Congress.

The American public has heard us, and they are sheltering in place, they are staying home, and they have shuttered their businesses. Now, more than ever, this country needs the Senate to act.

The House has done its job 2 months ago. They worked a comprehensive package, and I say "comprehensive" because we can't just pick and choose winners and losers here. This isn't what this is about. This is about making sure we are bringing relief and helping those across this country. Everybody is impacted. We have promised them: If you do what we say and we help stem the spread of this virus, we are going to have your backs, and we are going to take care of you.

I will say that we have failed at that. This administration has failed. We have failed at that promise. I know when we all go to our offices or we go home to our States, we are hearing from our constituents. We get emails, we get calls, and we get letters. I know you all feel the same as I do, and we read them and we listen to them. I don't know of one State in this country right now where somebody is not suffering from this pandemic who needs our help.

I know that is why I am here, because we all took the oath. We said we are going to be here to work in the best interests of our States and this country and to make sure that those individuals across this country who pay our salaries—those taxpayers—expect us to do our jobs and work. And that is what I am asking for right now.

You know, I have been to the floor of the Senate this week to talk about the struggles that I see in my State. We all get letters, and I do want to focus today on one. There are so many, and that is why a comprehensive package is

necessary. Right now, I would love to talk to you about what I am seeing in my home State when it comes to our seniors and those who are in need right now with funding to help nursing homes.

Let me just start with letters because I think this is how it starts with all of us—calls into our offices and letters coming from our constituents. There are two calls that I received. One of them was from a daughter who called in for her father, who is in a VA nursing home in Boulder City, NV, and because he isn't showing symptoms, he isn't getting tested. With so many cases there, how is this possible? Where are the tests? This is a daughter who is concerned for her father, knowing that if we just get people tested, there is that comfort in knowing whether or not you have this virus and whether you should be quarantined or how we protect you, particularly those in nursing homes.

Then, another call I received was from a mother. She is also a certified nursing assistant at a nursing home, and she is telling me that many there quit because they don't have the proper PPE. They want to work, but they don't want to expose themselves. So what are we doing right now to address all of these needs?

And, listen, there is so much. It is overwhelming. I know it. That is why we were sent here for the hard decisions, not the easy ones, to make sure we are all working in the best interests of the people in our States. I know you all feel the same way.

I have to tell you this. There are thousands of Nevadans that know the anxiety that comes because there is a spouse, a parent, or a grandparent in a nursing home, and they are unable to visit with them or hug their loved ones for fear of giving COVID-19. You have seen it. You have heard it, and I have heard it. Too many loved ones have lost their loved ones because of this virus, and they were not able to be there.

Do you know who was there with them in the nursing home? Those incredible heroes on the frontlines, who are sacrificing their own health to be with them, for those who passed away because of COVID-19. There are so many factors that raise a coronavirus risk for nursing home residents. The majority of the residents, as we all know, are seniors. Many have underlying conditions. They live in closed quarters, and they share common spaces. And we also know this: Residents and staff of these facilities shouldn't be an afterthought. They are a core part of our communities and our healthcare system. They are the elders, and they are the keepers of our stories. We have to do more to protect them.

We need to protect the workers in these homes, too, many of whom belong to communities of color and who are struggling to provide care to a population with unique needs.

The reason why I bring this up is because there is legislation out there to

do just what I am talking about and what we need in our communities. It is not something new. It has already been introduced. My colleague BOB CASEY introduced the Nursing Home COVID-19 Protection and Prevention Act to get nursing and long-care facilities in Nevada and across this country more PPE, the testing that they need, and the staffing to help the staff and those who are in those communities.

These homes need support to slow the spread of the virus and to respond rapidly when it crops up, using all we have learned from combating this virus so far. The bill funds teams of nurses and other critical staff to lend emergency help at nursing homes with outbreaks and to bring the best practices to bear in helping sick residents.

This bill ensures folks in my home State and across the country are being taken care of and that families have peace of mind that there is accountability for providers and protections in place for workers.

I am hearing from family members and loved ones with those in nursing homes in my State. I am hearing from caregivers and healthcare workers. I know all of you are as well, and one thing that comes from all these people is a feeling of being forgotten. No one—no one—in America should feel forgotten right now. It is time for us to come together.

We need to make sure nursing homes follow guidelines and that, if they fail to do so, they will be held accountable. We also must arm them with the tools they need to face a virus that has been relentless in attacking seniors. We should make sure that the next coronavirus package that we should be negotiating and working on right now does everything it can to support the most fragile in our communities because they are also some of our most precious.

I yield the floor.

The PRESIDING OFFICER. The senior Senator from Missouri.

Mr. BLUNT. Mr. President, I think the President of the United States has done the things he can do within his authority to try to address the issues before us, but the truth is, his authority just doesn't go far enough.

Now, I have frequently questioned the President's view of how broad the Presidential authority is, but in these actions he took in the last few days, I looked at them carefully, and I think he had the authority to do what he did, but he would probably be the first to admit that the authority he has doesn't solve the problem the way it needs to be solved.

It is time that the Congress stepped up and did its job. You know, in this debate with the President, there is the article I view of the government. There is a reason that the legislative branch is article I. There is a reason it is our job to pass laws, and there is a reason that it is the President's job to execute those laws. Occasionally, the President has to act quicker on some emergency

basis than the Congress, and within the fairly narrow ability he has to act on this issue, he has tried his best to step up where the Congress has failed to step up.

My good friend from Virginia just said: Well, the House bill is \$3 trillion, and the Senate bill is \$1 trillion. We should figure out how to compromise at \$2 trillion. Now, I believe in compromise. I think it is the essence of democracy, but compromise actually has to be based on some principle of the issue you are dealing with. You know, if the House bill had been \$5 trillion, I guess the logic would be that we compromise at \$3 trillion. If they had known that, their bill would have probably been \$5 trillion.

When the bill was passed, it was described by more than one reporter as a Democratic wish list or the ultimate campaign platform having everything in it. It was described by a whole lot more than one reporter that about a third of their bill had nothing to do with COVID, and another third of their bill is about the big question of what we can do to help State and local government.

Let's put that issue aside for a minute. It is an issue that clearly the House feels strongly about. Clearly, there are challenges to governments, particularly at the local level, I think, and that has to be dealt with in some way and maybe not at the \$871 billion level or whatever they have suggested. But that is a different issue that I will, first of all, concede is very much part of the discussion and should be.

But if you take out the third of the bill that has nothing to do with COVID—let's get that off the table. We could have a debate about whether people who are in the legal marijuana trade should get access to banking, but I think you have to work really hard to make that a COVID issue. We could have a debate about whether the Federal Government should require every State in the country to allow ballot harvesting, but I think that is very hard to make a COVID-19 issue.

A third of the bill, according to many people who analyzed the bill when it came out, has nothing to do with COVID. So let's set aside the other third of the bill that deals with State and local government, our giving State and local government what we don't have to replace money they don't have. I am not going to say that some element of that will not be in a final bill, but let's talk about the things we all know need to be in the first bill, which, in the House bill, were about \$1 trillion.

How do you compromise with the House when you agree with them on a number and they change the number?

Getting back to school is a critical part of what ought to be happening right now. By the way, back-to-school money the schools get in December will not be nearly as helpful as back-to-school money the schools get in August. They need the money now. We

need to see kids back to school, whether it is distance learning, which takes some assets and planning that districts need to do more on, or in-person learning where that is possible, where you have more expenses for probably more bus routes so you don't put as many people on the same bus, more expenses for delayed starting times, and more expenses for social distancing in classrooms. They need that money now.

In their bill, the Heroes Act, for elementary, secondary, and higher education, the House put in \$100 billion. We looked at that carefully. I chair the committee that does that appropriating. I think we know as much in our committee as anybody in the Senate about some of the needs that are out there. We thought the number was \$105 billion. As soon as our bill came out, the House decided, no, we really need \$400 billion. How do you meet somebody in the middle when they keep changing where the middle is?

The Heroes Act, which Members on the other side of the aisle have repeatedly said we should pass and pass immediately, had \$100 billion. We had \$105 billion. You would think that would have been good enough. We might have argued some about the language, but there is not much difference on the language. The argument is that Republicans never spend enough, according to Democrats, and the Democrats seem to have no limit on what they are willing to spend, according to us.

For childcare, there is a critical need for people to get both back to school and back to work. The childcare system is intensely stressed as part of what is going on—people who lose their jobs and take their children out of childcare; people who would prefer, after they have figured out how to do this a different way, not to put their kids back in childcare for a little while. I haven't talked to anybody who thinks the childcare system would have more than 50 percent of the kids willing to come back who were there before. So how do you still make childcare work? Do you double the childcare cost to make up for the fact that 50 percent of the kids aren't there? Of course not. That doesn't work at all.

The House put in the Heroes Act \$7.5 billion for childcare; we put \$15 billion for childcare. Then the House decides: Well, no, we really need \$40 billion or \$50 billion for childcare. It is pretty hard to compromise in the middle if the middle was somewhere between \$15 billion—and I think, hopefully, our number would have prevailed—and \$7.5 billion, and then suddenly the middle is somewhere between \$50 billion and \$15 billion.

Let's be serious here. Let's get this job done. Let's get kids back to school. Let's get people back to work. Let's get childcare back for kids. Let's do what we can to restore the healthcare system that has been incredibly

stressed during this, and let's quit acting like there is this vast disagreement, when the disagreement is way more apparent than real.

If you look at the third of the bill that dealt with COVID-19 that the House passed, we are very close. We are a little ahead of them on testing. Testing absolutely is essential, in my view, to get kids back to school and to get people back to work. Until we get well into the vaccine period, having the vaccine and getting that vaccine to people, testing is going to continue to be critical. We have money for vaccines and vaccine distribution that I think exceeds the House bill money. We could talk about what is really not a very big difference in a \$1 trillion bill or something a little more than that.

We have said in our bill that, on testing, on vaccines, and on other things, we are going to set some priorities. We said the Federal Government priority is to be sure that everybody gets that test in whatever way they can get it as quickly as they can get it. We said nursing homes, childcare centers, elementary and secondary education, and colleges and universities would be Federal priorities. Employers are going to have to help with some of the workplace priorities, but we think those are the right Federal priorities, and we put it in our bill.

Back to work: You have to have childcare, again, to get back to work. A second round of PPP: Again, something the Senator from Virginia agreed we need to do.

Healthcare provider assistance: We ask our healthcare providers to do the two hardest things you could possibly do at the same time; one was stop all of the income you can possibly stop—stop the so-called elective surgeries. By the way, some elective surgeries get less elective the longer you wait until you have them, and we are seeing some results of that right now. I think there was some logic to stop putting people into the hospital, if you didn't have to, or having them in the surgeon's facility, if you didn't have to, until we knew what was happening here—and not only stop the income but stand ready for the worst epidemic your community may have ever had to deal with or may ever have to deal with at any time in the future. So maintain your full readiness, stop your income. We need to come back now for the third time and provide money for providers. Again, money now is much more valuable than money 90 days from now.

Telemedicine: We finally have woken up to what the Federal Government should have been doing for a decade and embrace telemedicine as part of normal office visits that don't have to happen in the office as part of behavioral health.

Our bill says that CMS, which determines how Medicare money is spent, can't go back on what they have allowed in the last few months, ever. And on some of the things they have allowed, they can't go back for a signifi-

cant period of time to see how this works.

Broadband: We could deal with this. If we are going to have telemedicine and telebehavioral health, that kind of medicine, as well as other kinds of medicines, you need to have access to broadband. Kids who are learning remotely have to have the same opportunity as other kids who are learning remotely and need to have access to broadband. They need it as soon as they can get it, whether that is assistance to get hooked up, which is a little easier than just access. We have been working hard in this Senate and in our State legislature in my State to get the Missourians who don't have access to high-speed broadband to get that access.

There are areas here that are areas we need to be dealing with. Most of them, you have to really work hard to pretend there is a disagreement. Sure, you can decide that your education category was really only 25 percent of what you really needed, but I think our House friends know that is not right, and we know that is not right.

This is probably not the last bill we will pass, if it turns out we are incorrect on our \$100 billion or \$105 billion, but \$100 billion right now to schools trying to get started is worth more than what \$200 billion will be in May.

Let's give people the help they need when they need it. Let's quit arguing about whether the President has inadequate tools to do what everybody knows needs to be done. Certainly, that is true. That should be true; that under the Constitution, the Congress has to do its job.

Compromise is more than some middle number between an outrageous number and a number that may turn out to be not quite big enough. Let's get serious. Let's get back to work. Let's do our job. Let's get back to school, the country back to work, the country back to childcare, and do those things we need to do to restore both the healthcare system and, more importantly, the health of every American we can possibly help.

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.

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

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

VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT

Mr. CASSIDY. Mr. President, I rise today to speak to a very important piece of legislation, which quietly passed this Chamber last week. It included several provisions I authored and offered based upon my experience as a physician that specifically provides mental health support to America's veterans.

We all agree, we owe the men and women who fought and fight for this country a tremendous debt of gratitude for the sacrifices they made to preserve our freedom. It is dangerous, and our servicemembers answer the call. Many carry scars from injuries sustained during that service.

But there are scars that we cannot see. Service can take a physical toll but also a mental one. Too many veterans struggle with mental health issues and suicidal thoughts. About 17 veterans per day from all of our wars put together take their own lives. For comparison, 22 servicemembers were killed in combat in Afghanistan throughout all of 2019. We are losing thousands more veterans at home than we are losing fighting men and women in the field. That is something to ponder.

We must do a better job of leading the mental health needs of veterans. Thankfully, this Chamber took a big step forward last week when we passed the Commander John Scott Hannon Veterans Mental Health Care Improvement Act.

The bill improves outreach to veterans and offers new mental healthcare options in five major ways: First, the bill bolsters the VA's mental health workforce to serve more veterans. It gives the VA direct hiring authority for mental health professionals. The VA can offer scholarships to mental health professionals to work at vet centers, and it provides for at least one suicide prevention coordinator at every Veterans' Administration Hospital.

It improves rural veterans' access to mental healthcare by increasing the number of locations where veterans can access VA telehealth services. It also offers grants to non-VA organizations that provide mental health services or alternative treatments to veterans.

The bill strengthens support and assistance for servicemembers transitioning out of the military by automatically giving every servicemember a full year of VA healthcare when they leave the military.

By the way, this came to my mind: It turns out that most suicides occur within 6 weeks of one of our soldiers or sailors or marines leaving the service; within 6 months of that departure is when they tend to commit suicide. But it is about 6 months before they first access VA services. We have to have this kind of transition point tightened and one that makes sure they all know they have VA benefits for that first year.

The Veterans Mental Healthcare Improvement Act also studies and invests in innovative and alternative science-based treatment options. It invests in research on the impact of living at high altitudes, on veterans' suicide risk, and on identifying and treating other risk factors for mental health illness.

It holds the VA accountable for its mental healthcare and suicide prevention efforts. It does this by examining