

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

how the VA manages suicide prevention resources and how the VA provides care and information sharing for veterans seeking mental healthcare from both VA and community providers.

This bill takes a strong, evidence-based approach to meeting veterans' needs that haven't always been given priority. It is encouraging to me that is bipartisan. At a time when we don't appear to agree on very much, we are able to deliver for our heroes.

I am proud to have worked with my Democratic colleagues to write bills that were included in this package. Senator TESTER and I partnered on the Promoting Coordination for Veteran Suicide Prevention Act. This bill, this amendment, ensures that a thorough review of veterans who die by suicide within 1 year of separation from the Armed Services is conducted jointly by both the Department of Defense and by the VA.

As I mentioned, most suicides occur within 6 months of separating from service. If that is the case, then the Department of Defense can do a review of what are those risk factors and have a warm handoff to the Veterans' Administration Hospital. And because we made automatic that first year of service within the VA, that warm handoff can be taken without any impediments of is there coverage or is there not.

There is also going to be a partnership between the mental health and suicide prevention experts in both the VA and DOD that will contribute to improved information sharing and help further close the gap in ensuring high-quality, seamless care between these two Departments, focusing on the serviceperson who has now become a veteran.

Senator TESTER and I also worked together on the VA Research Approval Efficiency Act. This provision authorizes the Veterans Administration to leverage accredited commercial institutional review boards for use in connection with VA-sponsored clinical research. Getting the VA commercial options for approving clinical trials will add much-needed efficiencies and begin to reduce the disparity with academic and other institutions that, today, lead in clinical trial administration.

If we know that our treatments for those with mental illness often need to be improved, we want to give our veterans access to those improved treatments as soon as possible, but we also want to make sure that those treatments suit the needs of the veteran. You can only do this by encouraging that research activity with full consent of the veteran—full consent—by which she or he may participate in these trials for her benefit, his benefit, but also for the benefit of us all. This reform enables the VA to increase the caliber care it delivers to veterans in a variety of clinical areas.

Senator SINEMA and I introduced the Improving Mental Health Care for Veterans Act. This provision requires VA and DOD to establish a joint clinical

practice guideline for treatment of serious mental illness. This common-sense approach builds on an already robust library of clinical practice guidelines that serve to standardize and reinforce treatment procedures in other areas.

Just as a point, if someone is found to be well-controlled in a certain medical regimen but then they transition to another different care with a different formulary, then all the hard work to find just the right clinical pharmaceutical treatment program to keep the person balanced now has to be changed because the second department has a different formulary—a different set of drugs with which they wish to treat—all the good work done here is lost there.

We wish to eliminate that possibility by making sure there is a common set of clinical guidelines so that somebody with stress is passed off and it is seamless, both in terms of the clinical care, but also the medicines which they may take.

The passage of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act is the culmination of a lot of hard work from both Democratic and Republican Senators. It now goes to the House for consideration. I urge the House to swiftly pass this legislation so that President Trump can sign it into law.

This bill will have a direct, positive impact in the care the VA delivers to American veterans. They answered the call to serve our Nation; now, Congress must answer the call to better serve them.

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

The PRESIDING OFFICER (Mr. CASSIDY). Without objection, it is so ordered.

## VETERANS

Mr. BOOZMAN. I want to take a second to thank the Presiding Officer for the great work that he is doing on the Veterans' Affairs Committee. As the Senator just spoke earlier, he is working hard to take these bills and improve them. Everyone is working together, and we certainly appreciate the fact that the Senator has so much experience in a variety of different ways and has added so much the committee. We are very thankful for that.

I rise today to recognize the significant steps that the Senate recently took to improve the mental healthcare of veterans and save lives with the passage of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act. This moves us one step closer to paving a new path forward in suicide prevention and imple-

menting a new strategy that, I believe, will give hope and purpose to the men and women who live with these invisible injuries. More than 50,000 organizations nationwide provide suicide prevention services for veterans. These nonprofits and community organizations play a vital role and have taken the lead to build effective programs.

I have heard from veterans how organizations like the one based in Rogers, AR, Sheep Dog Impact Assistance, are encouraging them to live their best life. I have also seen how outdoor therapies like Rivers of Recovery are supporting the mental health needs of veterans and how veteran service organizations are stepping up and addressing mental healthcare in their communities.

We have so many organizations in Arkansas and throughout the country that are doing a great job in this capacity. In Mount Home, AR, the Disabled American Veterans chapter changed its approach to outreach after the region experienced the highest veteran suicide rate in the State, one of the highest in the Nation. Members enhanced their contact with veterans in the area. This connection has saved lives and reversed the suicide rate in Northern Arkansas.

It makes sense that we harness the ideas and successes of this DAV chapter and other advocates into sound policy. That is why I joined with Senator MARK WARNER to champion a new strategy that authorizes the VA to provide grants to nonprofits in their communities, establishing a framework to coordinate these efforts and expand outreach to more veterans. Additionally, this legislation will enable the VA to establish greater partnerships with communities to better measure the effectiveness of ongoing suicide prevention programs.

I appreciate the leadership of the VA Committee Chairman JERRY MORAN, Ranking Member JON TESTER, and the assistance of them and their staffs in working with me and Senator WARNER and our staffs to include our proposal, the IMPROVE Well-Being for Veterans' Act, in the comprehensive mental healthcare package, again, that we just passed in the Senate. I especially want to thank Rosie Heiss, Amanda Want, and Pat McGuigan, members of my staff who spent countless hours and worked with numerous groups to find a solution to help advance this idea.

The VA estimates around 20 veterans commit suicide each day. That number has remained roughly unchanged despite a tremendous increase in funding. Interestingly, only 6 of those 20 veterans are receiving healthcare services in the VA. By sharing information and collaborating with veteran-serving nonprofits and other community organizations, we can expand our network and provide the help the veterans need and, ultimately, capture more veterans into our VA system.

VA Secretary Robert Wilkie called this approach "key" to unlocking the