

King
Klobuchar
Markey
Merkley

Peters
Reed
Schumer
Smith

Udall
Van Hollen
Warren
Wyden

NOT VOTING—22

Alexander
Blumenthal
Braun
Cantwell
Durbin
Harris
Heinrich
Loeffler

Menendez
Moran
Murray
Paul
Risch
Sanders
Schatz
Shaheen

Sinema
Stabenow
Sullivan
Tester
Whitehouse
Young

The PRESIDING OFFICER. On this vote, the yeas are 57, the nays are 21.

The motion is agreed to.

The PRESIDING OFFICER. The Senator from Missouri.

APPROPRIATIONS

Mr. BLUNT. Madam President, I am pleased to be here today to talk about the 2021 appropriations bill that we filed this week for Labor, for Health and Human Services, and for Education.

Obviously, with what we have gone through this year, those three agencies have all experienced dramatic challenges—labor challenges, health challenges, education challenges. And while this bill would not specifically be a COVID relief bill, it is a bill that funds these agencies so they can move forward with their normal work rather than have to, in some piecemeal way, try to deal with their normal work while they are trying to work with us on the extraordinary circumstances of the COVID bill.

This is the largest bill—Labor, Health, and Education is the largest nondefense bill on the discretionary side of the agenda. It is about 30 percent of all the money left when the Defense appropriations is taken off the table.

There are 11 bills left at that point, but this bill has about 30 percent of all the money. It has a lot of competing priorities, from apprenticeships to biomedical research, to public health and preparedness programs, to childcare and special education. National service and community service are all in this bill.

We received 8,352 requests from Senators of things they would like to see in the bill. They are not all in there, but we did all we could to take the money we had and move forward with priorities that make sense.

I am disappointed at this point that our Democratic colleagues on the Appropriations Committee were unable to support the bill right now, but we have worked together in the past. I hope we can continue to work together to find a way forward. And, frankly, my view is if appropriations bills appear to have a path to the President's desk, that is the thing that brings us together most quickly.

This bill continues in our sixth year of commitment to robustly and consistently funding medical research at the National Institutes of Health. We provided a \$2 billion increase on that research. We target funding toward Alzheimer's, toward precision medi-

cine, premature birth research, the BRAIN Initiative. In my time as chairman, we have actually increased NIH funding by 45 percent in budgets that often had virtually no increase at all. We truly had to work together to prioritize. We have done that.

My time as chairman is about 6 years, if you are wondering how long it took us to get that 45-percent increase. Six years ago, we hadn't had any increase for 12 years. NIH was about 22 percent behind in buying power where they had been a decade earlier. We made up that 22 percent. And actually, now, we are putting real money on the table in an environment that has never been better and never been more promising in the NIH research area.

We continue our focus of combating opioids. Between 1999 and 2018, nearly 450,000 people in the United States died from opioid overdose. These drug overdose deaths in 2018 were four times higher than in 1999. The bill provides money to deal with this. With the effort we made in this area over the last several years, we saw a consistent decrease in opioid overdoses until 2020.

Of course, the increase in 2020, in many ways, related to the pandemic and the isolation. The support structure that appeared to be working to move you from dependency was no longer there, and suddenly you are back where you were.

The bill provides a \$20 million increase for apprenticeship programs. This week, I joined the Missouri Chamber of Commerce in highlighting the importance of apprenticeships. Last year, Missouri was the second in the Nation in the number of new apprenticeships. First in the Nation is California. We are not a small State, but we are not nearly as big as California, so I think the leadership in our State—the business community, the employers, the Governor, and others—has made a real difference there. We fund both registered apprenticeship programs, and it allows for industry-recognized programs as well.

Fourth, the bill invests in education, from early childhood through college and career. It increases funding for high-quality early childcare and education by more than \$150 million. It increases funding for elementary and secondary education programs that provide the most flexibility to school districts to decide how to best use those limited resources. This also includes increased investments in title I; in IDEA, the Individuals with Disabilities Education Act; the title IV student support and academic enrichment grants; charter schools; and Impact Aid. It increases the maximum Pell grant award by another \$150, or a 2.4-percent increase, at a time when the mandatory money is gone. To find that 2.4-percent increase, we have to find it in other programs, and some programs are just not able to fund it. If they are not working, we shouldn't fund them, and we have seen several years of growth in areas in which we have a pri-

ority like Pell grants. To do that, we had to look carefully at programs that just, frankly, were not working.

Fifth, we continue our focus on closing the care gap between mental health and physical health. Approximately one in five adults in America has a diagnosable and almost always treatable mental health problem. This bill provides an increase of almost \$200 million in the mental health area.

I would mention again the excellence of the mental health pilot. We have increased that pilot to eight States from two. We are seeing what happens in a positive way in people's other health issues when you deal with their mental health issues like it was any health issue, and it is making a difference. This year, it was reinforced again by understanding the need to address disparities in foster care, a greater diversity in healthcare, education, and the workforce.

Many populations across the country, whether defined by race, ethnicity, geography, experience higher rates of certain diseases and often lack the access to health services. This bill tries to look at that in a way that analyzes where those gaps are, and it has programs that encourage filling those gaps. Furthermore, the bill continues our efforts to ensure that these disparities are addressed through a number of programs, including workforce development programs, diverse medical community efforts, research initiatives that focus on underserved communities, programs that target health disparities, and education-workforce programs that create opportunity.

This bill prioritizes programs that provide the most benefit and greatest return for all Americans. The bill continues key program integrity activities that are aimed at reducing the waste, fraud, and abuse of taxpayer dollars. These initiatives have proven to be a worthwhile investment in their returning billions of dollars to the Treasury and allowing us to look in other places as to how we could fund that money in programs that work better and work more transparently.

This bill eliminates eight programs equaling nearly \$115 million in spending reductions by focusing on programs that are the most efficient and cost-effective and with proven outcomes. We all know that budgets are tight, but making careful choices about health spending can be one of the most valuable investments we make in Congress.

You don't have to look any further than the recent announcements about the record progress we have made in finding a vaccine for COVID-19. Through the CARES Act and other legislation, Congress provided \$18 billion for research into therapeutics and vaccines, and \$12.5 billion went to vaccines. It did it in a way that is going to allow us to set a record in having a safe vaccine available that meets the highest standards. The vaccine that appears to be the first in line for approval is 90 percent effective.

Now, I am not an expert in vaccines, so my first thought would be, well, I want a vaccine that is 100 percent effective. As it turns out, no vaccine is 100 percent effective. The measles vaccine that schoolkids took for years and that most still take is 90 percent effective. It was 9 months ago that healthcare experts said, if we could have a vaccine that was 50 percent effective, we should approve that vaccine and every other one that was at least 50 percent effective.

We are looking at vaccines that are going to help us move beyond this as we look at tests that help us move beyond this, but the fundamental foundation of all of that is in the healthcare framework that we maintain. You can't look at a pandemic and say that now it is time to think about how we do important health research. You can't look at a pandemic and say that now it is time to think about having care providers in underserved areas. You can't look at a pandemic and say that now it is time to begin to think about how you connect childcare and work and school altogether. This bill does as much of that as we could figure out how to do in the best way we could figure out how to do it.

I hope Congress can pass it. It would be a great gift to the next Congress and administration after January 20 to be able to start next year with next year's work rather than having to start next year with this year's work. Let's get this year's work done. Let's get it done now. Let's send the bill to the President that the House and Senate have agreed on, and let's get back to looking at these bills in the right way at the right time.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

VETERANS DAY

Mrs. BLACKBURN. Madam President, when most Americans think of the sacrifices that our veterans made in the name of defending freedom, they think of those brave men and women running toward the danger. We are grateful that, in their hearts, they have that desire, but as anyone who knows or has worked with veterans knows, they also make sacrifices that really never bubble to the surface or come to our attention. Not only do they sacrifice their own safety, they give up their personal independence, the comforts of home, their relationships with friends and family, their spouses, and their children.

Think about what an extraordinary decision they have made—that the safety and security of their fellow countrymen is worth more than losing those precious days. They have made that choice. They put that service and that sacrifice in front of their desires, in front of the desires of their family. They are, indeed, called to serve.

These are the people whom we should be looking to for comfort and inspiration during difficult times. They really do have experience in that category.

They have made those sacrifices, and they have made those choices knowing that it wouldn't be easy and knowing that they may not come home, but, when they do come home, that sometimes it is tough. It is tough to get back in that groove of where you were, to rekindle those relationships.

Our younger veterans, in particular, were painfully aware of this when they put on the uniform. But do you know what? They still made that choice to serve.

Here in the Senate, we have backed legislation that really has made things easier for so many of our veterans.

When I was in the House, I was honored to help shepherd passage of the VA MISSION Act, and I was grateful to see that receive bipartisan support here in the Senate. It has, indeed, streamlined many of the processes in the VA healthcare system.

Last month, I introduced a bill to provide doula services to improve maternal health outcomes for our female veterans, a population that every single month continues to increase.

Back in August, I introduced a bill that will allow our K2 veterans to obtain the special health screenings they need to check for cancer and other illnesses caused by exposure to toxic substances in Uzbekistan.

In fact, this has been a great year for veteran support. We have passed—or are very close to passing—legislation that will improve and simplify doctor-patient relationships, recordkeeping, and mental health services, and will make those and other important benefits more accessible to our veterans and their families.

If you are not already supporting these efforts, I encourage my colleagues to support this legislation.

As the week draws to a close, I would encourage everyone to seek out veterans' stories and to internalize the knowledge that the sacrifices they made were for us. There is so much we can learn from those who have served. There is so much that they have done to help preserve our way of life and our freedoms. It is so much that they have done for the values and the institutions—things that really do transcend politics.

I reached out to many of our veterans this week and had great conversations and heard from veterans online.

I heard from William, a Tennessean who proudly served in the Air Force. He said his service was “the best decision of his entire life.”

I also heard from Greg, who served as a C-130 crew chief in theatre during Desert Storm. He put off his college education when he was asked to serve.

And I would be remiss if I did not recognize the veterans who are currently serving in our office: Dana Magnuson, John Clement, Jay Strobino, Dr. Karen Summar, and Paris Cervantes.

I thank each and every one of them for their service and for the continued work that they do on behalf of all Tennesseans.

These brave men and women represent the hope of a nation and our promise to the rest of the world that, no matter what, the United States stands ready and willing to answer the call.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SASSE). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

CORONAVIRUS

Mr. PORTMAN. Mr. President, I have come to the floor again today to talk about the need for us, as a Congress, to come together to address this coronavirus pandemic. We have an unprecedented healthcare and economic crisis right now, and it is important for us to figure out what we can do, what we can agree on, and then move forward.

Since this pandemic began back in March, I am told I have come to the floor now 17 separate times to urge my colleagues to work together on a bipartisan basis to try to put together legislation that will enable us to respond effectively and in a focused way to the COVID-19 crisis.

We had some early successes. Remember the CARES Act that was passed back in March. That was 8 months ago—8 months ago. Really, for the last 6 months, we haven't passed anything to address this crisis. Yet the crisis has ebbed and flowed, and, right now, unfortunately, it is at an all-time high in my State of Ohio.

I have been frustrated that we can't have that same sense of urgency and willingness to work together as we had during those first couple of months of the coronavirus pandemic. It seemed to have disappeared as we entered election season; didn't it? So, as we got closer and closer to the election, there was more and more divide and inability to come together. Now we need to get back to that sense of bipartisanship—I would even say nonpartisanship in so much of this—and cooperation for the good of our country.

It is getting worse, as I said, in my State of Ohio and around the country, and I believe we can make a difference, and that is important. There are things we can do at the Federal level that would help.

Right now, we are averaging in this country over 100,000 new cases per day. That is double the rate from just 1 month ago—double the rate from 1 month ago. It was predicted as it got colder and people were inside more. The third wave has arrived.

In Ohio, the number of daily new cases has risen every day for the past month. Just last night, Ohio Governor Mike DeWine reported nearly 6,000 new cases in the last 24-hour period, compared to 1,000 cases per day that the