

family to thrive is to help with mental healthcare for mom or dad. And with a little more flexibility in the program, a little more support, more families stay together and get ahead.

The underlying goal that Chairman Hatch and I had was simple, but implementation has certainly been a challenge. It has required a lot of close collaboration between the Department of Health and Human Services, the Finance Committee, and State and local agencies.

My view is, when you are talking about reforms dealing with the well-being of our youngest, particularly most vulnerable kids, it is just critical to get it right. That is why Rebecca Jones Gaston is the right person to lead the Administration on Children, Youth, and Families. She serves as the child welfare director for Oregon's Department of Human Services. She is showing herself to be an effective leader and a strong advocate for the vulnerable. She served in a similar role in the State of Maryland under a Republican Governor. So this is somebody who shows up every single day, willing to work with elected officials on both sides of the aisle. All in all, she brings nearly 25 years of experience in public policy dealing with support for families and children.

The Finance Committee approved her nomination on a bipartisan basis in March. My view is, the full Senate has waited long enough. Ms. Gaston is a highly qualified nominee, and the Administration on Children, Youth, and Families needs a confirmed leader.

Therefore, I ask unanimous consent that the Senate consider the following nomination: Calendar No. 763, Rebecca E. Jones Gaston to be Commissioner on Children, Youth, and Families, Department of Health and Human Services; that the Senate vote on the nomination without intervening action or debate; that the motion to reconsider be considered made and laid upon the table; and that any statements related to the nomination be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

The Senator from Tennessee.

Mr. HAGERTY. Mr. President, reserving the right to object, since last year, I have been asking for a commitment from my Democrat colleagues that any future reconciliation legislation in this Congress will not incorporate policies that will reduce access to care in nonexpansion States such as Tennessee. Specifically, my concern is that this reconciliation legislation that the House of Representatives passed last fall included provisions that cut DSH and uncompensated care pool payments for nonexpansion States. This would result in less healthcare for vulnerable populations in my State, accelerate hospital closures in my State, and it would disadvantage rural communities in my State of Tennessee. These are places and populations for which we are try-

ing to secure more quality healthcare, not less.

Because I have not received confirmation that these provisions will not be included in any future reconciliation bill, I cannot consent to expediting confirmation of this nominee, and I object.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, just speaking briefly again, let me tell my colleague from Tennessee that I have very much enjoyed working with him on various policies here in the Senate.

My understanding is that my colleague believes that his State has some ideas for showing that you can essentially meet Medicaid standards for health services for vulnerable people and that the State of Tennessee is interested in trying out some new approaches. I want to assure my colleague that we are interested in hearing more about this. There is a specific waiver provision, for example, in the Affordable Care Act to try out new approaches consistent with these guardrails so that people actually get healthcare coverage. My colleague has said to me that he is interested in pursuing those kinds of ideas. I want him to know that the Finance Democratic staff is available to hear his staff out on this, and I hope we can work it out, and I hope we can move Rebecca Gaston quickly.

This is a program that really makes a difference. Prior to Chairman Hatch working with me on this, we had essentially two alternatives for these vulnerable kids, neither of them particularly valuable. One was just sending the kids off to foster care—some of those facilities are good; some of them, not so good—or keeping them at home in a less than desirable situation. What we did on a bipartisan basis is find a third path for these vulnerable youngsters, where, for example, if a parent was having difficulty with alcohol or drugs, they could get treatment and stay as the parent.

So this is an important program. Rebecca Gaston knows how to run it well. I want to see her confirmed as quickly as possible, and I want to tell my colleague I recognize his concern today and will be interested in following up with him and his staff to hear more about the program in the days ahead.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

UNANIMOUS CONSENT REQUEST—EXECUTIVE
CALENDAR

Mr. CARPER. Mr. President, today, I rise in support of the nomination of Rita Landgraf for the position of Assistant Secretary for Aging and Administrator of the Administration for Community Living at the Department of Health and Human Services. I have been privileged to know Rita Landgraf for over two decades and to have worked with her when I was Governor of Delaware and in the years since then.

She is a longtime Delaware community leader who previously served as cabinet secretary of the Delaware Department of Health and Social Services, which may be the most challenging job of any cabinet secretary in the State government of Delaware. There, she oversaw State implementation of the Older Americans Act, Medicaid, home- and community-based services, and disability services as well. She also had leadership roles with the State offices of AARP, the ARC, and the National Alliance on Mental Illness, which are key national partners for initiatives within the Administration for Community Living.

Rita's career has been inspired by her relationships with the elderly and those with disabilities, including her stepson. In addition to her extensive expertise, she will bring a personal passion to her work as Assistant Secretary. Rita's experience in leading organizations focused on advocating for people with disabilities and seniors, along with her time in State government, makes her an excellent—an excellent—choice to serve as Assistant Secretary of Aging. I applaud President Biden for nominating her to serve in this role.

The Administration for Community Living does critically important work ensuring older Americans of all ages with disabilities are able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. The Administration for Community Living works through community-based organizations and invests in research, education, and innovation that help make this priority a reality for millions of older Americans and people with disabilities.

Rita Landgraf is the right person for this job. As secretary of Delaware's Department of Health and Social Services, Rita Landgraf successfully led one of the State's largest cabinet agencies and expanded community-based services aimed at helping older Americans age in place and people with disabilities live, work, and participate in their communities—exactly the type of work the Administration for Community Living supports.

Rita is a powerful advocate and a convener of stakeholders and partners. She will bring partners together to further the mission of the Administration for Community Living and bring new and innovative insight to address priorities on aging that we can all agree upon.

Rita wants older Americans to age in place. She believes in the strength and value of home- and community-based services for both the elderly and the disabled, especially in light of the COVID-19 pandemic. For Americans with mental health and special needs, Rita Landgraf has prioritized keeping folks in their homes and expanding employment opportunities for them—steps we can take to ensure that these vulnerable populations can be full participants in their communities.

I want to thank our chair, Chair MURRAY, and Ranking Member BURR for supporting Rita Landgraf's nomination out of the Senate HELP Committee with strong bipartisan support.

I urge my colleagues today to join me in confirming Rita Landgraf to serve as Assistant Secretary of Aging and Administrator of the Administration for Community Living.

With that, I ask unanimous consent that the Senate consider the following nomination: Calendar No. 966, Rita M. Landgraf, to be Assistant Secretary for Aging, Department of Health and Human Services; that the Senate vote on the nomination without intervening action or debate and that the motion to reconsider be considered made and laid upon the table; and that any statements related to the nomination be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

The Senator from Tennessee.

Mr. HAGERTY. Mr. President, reserving the right to object.

As I mentioned a moment ago, I have been asking for a commitment from my Democratic colleagues that any future reconciliation legislation in this Congress will not incorporate policies that will reduce access to care in my home State of Tennessee. Reiterating, my concern is that the reconciliation legislation that the House passed last fall included provisions that cut DSH payments and uncompensated care pool payments for nonexpansion States which would result in less healthcare for vulnerable populations in my State, accelerate hospital closures, and disadvantage rural communities. These are places and populations for which we are trying to secure more quality healthcare, not less.

Because I have still not received confirmation that these provisions will not be included in any future reconciliation bill, I cannot consent to expediting confirmation of this nominee, and I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Delaware.

Mr. CARPER. Mr. President, if I could speak momentarily, I had an opportunity to speak briefly with our colleague from Tennessee with respect to his concerns and the reasons that led him to object to what I think—and he may agree—is actually quite an excellent nomination. And my hope is to better understand those objections that he has voiced and to see if they can be objected to in a way that would allow us to go forward with the nomination of Rita Landgraf to serve as Assistant Secretary for Aging for the Department of Health and Human Services.

I yield the floor.

The PRESIDING OFFICER (Mr. MARKEY). The Senator from Rhode Island.

SUICIDE PREVENTION

Mr. REED. Mr. President, I would like to talk today about a health epidemic that is claiming the lives of tens

of thousands of Americans each year. I am speaking about the epidemic of suicide.

I will talk more about this in detail in a moment, but if there is one thing I would like those listening to my remarks to remember is the number 9-8-8-9-8-8, because 9-8-8 is a three-digit number for the National Suicide Prevention Lifeline.

If you need help, please dial 9-8-8.

Over the last several years, we have all observed the increasing mental health needs in our country. Indeed, the isolation of the COVID-19 pandemic made those needs more pronounced, particularly among children, adolescents, and young adults.

In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association—organizations representing experts in children's mental health—declared a national emergency in child and adolescent mental health. According to these organizations, "Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts."

According to the National Alliance on Mental Illness, nearly 20 percent of high school students report serious thoughts of suicide, and about 9 percent have tried to take their own lives.

During the pandemic, children faced challenges we couldn't have imagined just a few years ago. Children isolated from their friends and family members to limit the spread of COVID-19. But this meant that many children were separated from loved ones and other trusted adults like teachers who can help keep kids safe. And kids were isolated from their peers, impeding social learning and development. And in these tough times, rates of domestic violence and child abuse tend to increase. On top of all these challenges, more than 140,000 children in the United States lost a caregiver to COVID-19. And it is no wonder that so many of our children and young adults are in crisis.

These hardships are not unique to young people. Adults are feeling them as well. Regrettably, suicide remains the leading cause of death in the United States. In 2020, suicide claimed the lives of 45,979 Americans, according to the latest data from the CDC. This is about one death every 11 minutes. More people died by suicide in 2020 than in motor vehicle accidents. The number of people who think about or attempt suicide is even higher. In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicide.

Now, there are no easy solutions, but there are things we can do to prevent

suicide and improve access to mental health treatment. And we have made some progress. Almost two decades ago, we passed legislation to ensure parity in insurance coverage for mental and behavioral health. We have more work to do to enforce the law, but it was an important first step. And one of the most significant investments we have made in mental healthcare was in passing the Affordable Care Act. We expanded health insurance coverage for millions of Americans and made sure that coverage included mental and behavioral care, which was often excluded from health insurance before the ACA.

We need to do more though. More and more people need mental and behavioral healthcare and do not have the resources to get such care. And those with the resources find that there aren't enough providers to see them, even with good healthcare insurance. There simply aren't enough clinicians for the need. And lastly, we need to better help people in crisis. We can't get people into effective care for the long term if we haven't stopped the immediate crisis. That is why suicidal prevention efforts are so critical.

As I alluded to earlier, last weekend, the National Suicide Prevention Lifeline made the switch from its longstanding 10-digit number to an easy-to-remember 3-digit number, 9-8-8.

In 2019, I joined my colleagues Senators TAMMY BALDWIN and JERRY MORAN and former Senator Cory Gardner in introducing legislation requiring this switch. Our bill was signed into law the next year, and we have been working since then to make sure that 9-8-8 has the funding to be able to handle the influx of new callers. It is estimated that the Lifeline will receive millions more calls with the new number, so we need trained people on the other end of the line ready to get people the help that they need.

When we started this effort, the Lifeline only received about \$7 million in Federal funding each year. Last year, with the help of President Biden, Chair MURRAY and Chairman LEAHY, we were able to secure nearly \$300 million for the Lifeline, and we are working to get the number up to \$700 million next year. This level of funding will help ensure that calls are answered quickly and locally so that people calling can talk to someone from their State who will know exactly where to find nearby resources. We are also working toward a system in which mobile response teams can respond in real time and be deployed to help people in crisis who call.

While the switch to 9-8-8 over the weekend was a huge step forward, we are just beginning to build a much broader system to help people in crisis across the country. I introduced the National Suicide Prevention Lifeline Improvement Act with Senator MORAN last year to help move the Lifeline toward a more comprehensive system. The Health, Education, Labor, and