

Mr. McCONNELL. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

#### KENTUCKY STATE WORK PERIOD

Mr. McCONNELL. Well, Mr. President, I am glad to welcome our colleagues back from the August work period. Spending time back in our States with the folks we represent isn't just part of our job; more than anything else, it is what allows us to be effective here in Washington.

Now, one particular moment of my time back home has received its fair share of attention in the press over the past week, but I assure you, August was a busy and productive month for me and my staff back in the Commonwealth.

I kicked off the month in West Kentucky and then in my hometown of Louisville, where I met with small businesses and community leaders. We had a candid conversation on the critical issues facing our State, from relentless inflation straining families and business owners to the challenge of finding workers in a lagging labor market.

I also had a chance to travel to the eastern part of Kentucky, where I met with healthcare and recovery workers in Manchester. Tragically, the substance abuse crisis has become even deadlier in recent years, especially in my home State. So we discussed what we are doing to combat it and find ways the Federal Government can fill the gaps.

I also welcomed Dr. Rahul Gupta, the national drug czar, back to the Commonwealth to hear more about what we are doing to fight back against addiction. I look forward to continue working with Dr. Gupta to make Kentucky a safe and healthier place.

Throughout the month, I was pleased to see over \$6 million go toward addressing the opioid crisis at home. This Federal funding will go a long way in supporting programs that offer a lifeline to countless Kentuckians who struggle with substance abuse.

In Bowling Green, I met with community bankers to discuss what Senate Republicans are doing to put a check on the Biden administration's reckless spending and regulatory overreach.

At the Kentucky State Fair I had a chance to indulge in some of the best that the Bluegrass has to offer, like the Farm Bureau's famous Ham Breakfast. This event is a highlight of mine every August, and this year was no exception.

I met with farmers from across the State to discuss their priorities and concerns as Congress takes up the all-important farm bill. This input will be vital to our work here in the Senate in the months ahead.

In Northern Kentucky, I wrapped up the month with local business leaders to talk about some of our landmark infrastructure investments underway in the State, like overhauling the Brent Spence Bridge and revitalizing our riverports and railroads.

From rural farm families to businesses of all sizes, every Kentuckian I met voiced the same message: There is too much government and too little being done to boost the economy and help everyday people.

So as the Senate gets back to work in Washington, I will keep these conversations and concerns in the forefront of my mind.

#### GOVERNMENT FUNDING

Mr. President, this month, of course, Congress needs to address our Nation's most pressing needs with timely appropriations, and we need to keep the lights on come October 1.

Back in January, I pointed out to Washington Democrats the new normal they faced. The American people have elected a divided government and demanded that we work together on our most basic governing responsibilities.

Well, as I have reminded our colleagues regularly since then, that has meant funding the government through regular order. It has been encouraging to see Senator COLLINS, Senator MURRAY, and our colleagues on the Appropriations Committee make serious headway in that direction, and next week, we will aim to pass the first batch of their work out here on the floor.

I have also made clear that the Senate's top priority must be keeping the American people safe; and this month, we will have a chance to do that with supplemental appropriations for urgent national security and disaster relief priorities.

We need to continue to invest in America's defense industrial base, both to support our partners in today's fight and to help our own forces deter tomorrow's threats. And as our colleagues from Florida and Hawaii know all too well, emergency personnel are working overtime to help communities shattered by natural disasters over the summer.

So the Senate reconvenes with our work cut out for us and a deadline fast approaching. I hope each of our colleagues has returned ready to do their part.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

#### WELCOMING MITCH MCCONNELL

Mr. DURBIN. Mr. President, I was here for the presentation by the Republican leader, and I am happy that he has returned. I told him it was great to see him back and that I couldn't wait to disagree with him; and I am sure I will have an opportunity in the near future.

#### RURAL HEALTH

Mr. President, I spent the August recess in my crisscrossing the State of Illinois, which was a pretty big oper-

ation. One tip to the other is about 350 miles and a couple hundred miles across. I tried to make a point of not only visiting the population center—Chicago and the suburbs around it—but to go Downstate too. My focus Downstate was to visit small towns and rural areas and to go to the hospitals and sit down with the administrator and ask him what was going on with that local hospital.

The Acting President pro tempore knows this from the State he represents. These small-town hospitals are really the lifelines for these communities. They are great sources of pride. They are great sources of employment. They are there for critical medical care, and God forbid you lose one, it really is devastating to a community.

I found, as I went around the State and sat down with hospital leaders and public health officials and other healthcare providers, that several messages came through loud and clear. We spoke about the struggling rural hospitals, and it applies to the hospitals in the urban areas as well. Not only are they lifelines for emergency medical care but they are the backbones of the local economies of these communities. Nationwide, rural hospitals, in particular, are really struggling. Half operate in the red. They are losing money, and more than 300 across the Nation are at immediate risk of closure.

I had a memorable visit to Iroquois County, IL—that is south of Chicago, south Kankakee—and I went to the hospital that has been there for decades and is a great source of pride. They were really worried when they contacted our office that they wouldn't be able to keep the lights on in that hospital. So we worked to help them obtain something called "critical access hospital" status under Medicare. Several of the community leaders, when I went there to make the announcement that they had been approved, said that we saved the hospital with that common effort.

I have a bipartisan bill with Senator JAMES LANKFORD. Senator LANKFORD and I are as opposite politically as they come in this Chamber. He is a Republican from Oklahoma and is very conservative, but he has joined me in extending the lifeline to additional rural hospitals that are facing closure. Our bill would create some flexibility around the strict Federal definitions that a hospital must be literally 35 miles or more away from others to qualify for payment designation. Senator LANKFORD and I believe that characteristics of the hospital and its role in the community should also be factors in determining eligibility.

I hope the Finance Committee will take this up now and take it seriously. We can save dozens of hospitals nationwide by preserving vital access to healthcare for patients in rural areas.

But my No. 1 takeaway from hospitals in the city of Chicago, in the suburbs, and in Downstate was very

simple. We are facing a dramatic shortage of healthcare providers—doctors, nurses, dentists, mental health providers, EMTs, and lab techs. Across the country, we will face a shortfall of 120,000 doctors over the next 10 years. A recent survey found that 100,000 doctors left the field during the pandemic and that another 800,000—800,000—are planning to retire soon. This is particularly dire in rural communities.

I do want to give a shout-out to Illinois State University, located in Bloomington-Normal. They just opened a nursing school in my hometown of Springfield, IL. It is called the Menonite College of Nursing. It has a great reputation, and it is going to be a success, I am sure, because we need them desperately. They anticipate graduating over 90 nurses a year. We need them in Central Illinois.

In every single Illinois rural county—in every one—we face a shortage of medical professionals; for example, mental health providers and recovery experts. And while there are 90 doctors per 100,000 residents in the urban parts of my State, in the rural counties, we have only 45 physicians for every 100,000. That is 50 percent.

What is the consequence of this shortage of medical professionals? It is very real, and it is very personal.

We have a new mayor in Carbondale, IL. Her name is Carolin Harvey. She worked for Southern Illinois University at Carbondale for her working life. She retired there and then went to work on the city council and became the mayor.

I sat down with Mayor Harvey, and I said to her: OK. You have a U.S. Senator sitting in your mayor's office in Carbondale, IL. What is your ask? Everybody has one.

She shocked me. Her ask was not for money, and it wasn't for anything particular to the community infrastructure. She said one thing: We need dentists for children, pediatric dentistry.

I heard from Shawnee Health, which is the community health clinic in her hometown of Carbondale. They treat nearly 50,000 low-income patients each year. Just for the record, those are 1,000 a month they are treating in this clinic. They recently, after the pandemic, lost 15 oral health professionals. They have a waiting list of 120 children for access to dental care, most of whom are under the age of 8.

This means that a 3-year-old girl in southern Illinois who has trouble sleeping because of severe tooth decay has to wait more than 1 year for treatment. What does treatment consist of at the end of waiting for a year for a little kid? It consists of going into an operating room in a hospital, under general anesthesia, and finding a medical professional to extract a bad tooth. Think of the complications and the drama that are a part of regular oral care in that region.

Here is another story they shared with me about a 4-year-old boy who had an abscessed

tooth. Have you ever had a toothache and needed a dentist? Have you had a kid at home who couldn't sleep because of a toothache? You won't forget it, Mom and Pop. I don't. It is the part of life that you hate to go through. You have as much pain as they do in just watching them suffer.

Now imagine this issue if you will. He is 4 years old. His mother tried for months to get him in to a dentist who could relieve his pain, but he was unable to see someone. The family was from outside the general service area of Carbondale, so they had to travel several hours for every appointment. Plus, the mother just couldn't take time off work to take her son to all of the appointments. The little boy was visibly nervous and afraid, as most 4-year-olds would be, but he was in pain, and he knew he needed help.

After the procedure was completed, the young boy began to cry, and the dentist asked him what was wrong. All the little boy could say was "thank you." Not only was his pain gone but the stressful journeys back and forth for the appointments were ending as well. He was 4 years old.

How is this suffering possible in my State of Illinois and in this great Nation? Well, first, the United States ranks 43rd in the world in the number of dentists per capita—43rd in the world. It is particularly outrageous in rural areas. In Illinois, 10 of our 102 counties have one dentist. In Lawrence County, IL, there is only one dentist for 15,000 people—15,000. That is 11 times worse than the national average.

These statistics should ring alarm bells in Washington. Now, I have been in the Senate for a few years and was in the Congress for a few years before that, and I have said many times that I have to be careful when I say I am going to do something about this, but I am sure as hell going to try. When I think about that little boy who was waiting for a year for dental care, it is unimaginable to me as a father and as a grandfather.

So I am challenging myself, the Illinois delegation, our Federal Government, the Illinois State Dental Society, and all of the elected officials at this end of my State to come together, to put politics over here, and to do something about dental services.

Mayor Harvey of Carbondale, IL, is right. This is beneath the dignity of a great nation to have this sort of thing within our borders.

Thankfully, there is a Federal program that might help. It is called the National Health Service Corps. It provides scholarships and loan repayments to doctors, nurses, dentists, and mental health providers who work in areas of need. It is the primary Federal program that is intended to build a pipeline of healthcare providers and address shortages.

I recently met Dr. Dana Ray, a first-generation college graduate and the chief medical officer of Crossing Healthcare in Decatur. She told me

that the only reason she was able to pursue her career was with the loan repayment offered by the National Health Service Corps.

You see, it costs a fortune to go to medical school or to dental school. They literally graduate with debts of \$100,000, \$200,000 and up. Then they have to take a job to pay off their loans. It is obvious. Can they go to the areas of great need? They can't get paid as much there. The National Health Service Corps makes loan forgiveness part of the program. If you will go to a community that needs a dentist, that needs a doctor, they will forgive your loan.

I will make another mention while we are on the subject here. Senator MARSHA BLACKBURN of Tennessee and I have a bill. The current National Health Service Corps program provides up to \$50,000 loan forgiveness if you will sign up for 2 years. Well, she and I want to add to that and create an incentive for those who do 5 years in a community—and they would have up to \$200,000 of debt forgiven.

Why 5 years? We happen to believe that the dentists and doctors who will practice in that area for a period of time will develop an attachment to it and will start to think in terms of their families and their futures there as well so that they will be likely to stay after the 5 years is over.

It is another bipartisan bill. Senator BLACKBURN is a Republican, a conservative from Tennessee, but we see eye to eye on this.

The National Health Service Corps is the strongest program we have in America to tackle the shortages of dentists, doctors, and nurses. The Senate HELP Committee is negotiating on this program now. I urge my Republican colleagues to join Democrats in doing something.

Let me add, while we are at it, that there are many health professionals around the world who desperately want to come to the United States. You know who they are. You see them in the hospitals. They are foreign-born physicians, they are medical professionals and nurses who come here, and they are there in our moment of need. We have a program to do that, but the program is too small, and it doesn't allow as many to come to this country who are qualified and ready to serve, as it should.

What does it mean to a hospital in a rural area to lose nurses? Here is an example I was given when I visited one of these hospitals.

They had four critical care nurses. Two of them announced they were leaving. Why were they leaving? Because they were going to become traveling nurses. They would go to hospitals around the country and be paid two or three times as much as they were at this hospital.

The hospital stepped back and took a look at it and said: If they leave, it is going to threaten the future of our emergency room and the future of

many of our departments—these critical care nurses. They offered them a generous, generous financial incentive to stay, and they stayed.

The hospital said it was an easy calculation to make: how much more we need to pay in bonuses versus shutting down critical services in our hospital for a year because of lack of nurses.

That is the reality of what hospitals are facing all over the United States, not just nurses but many other medical professions.

While we are at it, I also want to put in a word for the rural EMS agencies, the first responders that we all depend on.

A few years ago, I had a visit from Mark Kennedy. He is an emergency medical technician from Nauvoo, IL. In his county, Hancock County, his ambulance service is critical. It is life and death to get people to their nearby hospital, which is 40 or 50 miles away. He told me about challenges that they had with their volunteers, by and large, running this agency—this ambulance agency—and keeping up with the equipment that is needed to make sure that they could save lives. So I joined with then Senator Pat Roberts of Kansas, who was the ranking Republican in the Senate Ag Committee that was writing the farm bill.

I convinced Pat Roberts to look the other way on the question of jurisdiction and to put this bill, which we called the SIREN Act, into the bill—into the farm bill—as a possible way of helping rural communities.

We have now enacted it into law through Senator Roberts' efforts and my own, and we have sent \$38 million to emergency medical services agencies across America, including many in my State but all across the United States. This is an equally important part of medical care and our future.

Now that Senator Roberts is retired, Senator SUSAN COLLINS and I are doing the bill together, again on a bipartisan basis, to reauthorize this program. I ask any Senator who has a question as to whether this is money well spent to contact that ambulance service in your own State and ask them what it means to have up-to-date equipment to save the lives of people that they are called on to help. I hope we can pass it out of the Senate this month.

The solutions to many of our pressing healthcare challenges are at hand. The question is whether we can find a bipartisan commitment to move them forward. After the month of August, in which I journeyed around my State, I sincerely hope that we can.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

# TEXAS

Mr. CORNYN. Mr. President, following a busy summer in the Senate, it was great to spend a little bit of time back home in Texas and, for at least a couple of days, in the great State of Vermont courtesy of the Presiding Officer's recommendation.

I always look forward to the Washington break here in Washington because it gives me time to travel across my State and to hear from many of the 30 million Texans I am honored to represent. I enjoy getting an update from them on what is happening, to hear their concerns, and to talk to them about what I am working on.

One example of that is the Carla Walker Act. This bill carries the name of a 17-year-old Texan who was tragically murdered in 1974 and whose case went unsolved for many decades—nearly five decades. It wasn't until September of 2020 when Carla's family finally received the answers they had been searching for. DNA evidence that was collected at the crime scene was sent to the State DNA testing facility in the The Woodlands, TX, called Othram.

Now, just a little bit of detail. Traditional DNA testing frequently will not tell you everything you need to know about who this is a sample from, but thanks to forensic genetic genealogy, or FGG, enhanced DNA testing was able to identify Carla's killer, and justice was served.

FGG—this enhanced DNA testing analysis—has the potential to provide answers for countless victims and their families, and I am working on legislation to make it more widely available when needed, especially for criminal investigations.

As this legislation is being worked on, it is great to hear about the usefulness of this DNA testing technology from law enforcement as well as forensic DNA experts.

I also had the pleasure of meeting Carla's family, who finally received closure after decades because of this enhanced DNA testing process.

But it is not just the bills that are in the works; I also appreciate the chance to hear firsthand about how the laws that we passed recently are actually being implemented. One great example of this is the CHIPS Act.

Last week, I visited the University of Texas at Austin for its first annual Semiconductor Day. The University of Texas has built strong partnerships with companies and other academic institutions across the State and Nation and is eager to do its part to help revitalize America's semiconductor industry.

Just a refresher: We used to produce about a third of the advanced semiconductors in the world, but now that is down to about 10 percent. Ninety percent of the world's advanced semiconductors are manufactured in Asia. We all can imagine what would happen if, because of natural disaster—Heaven forbid, another pandemic—or an inva-

sion by the PRC of Taiwan—what that would mean to our access to advanced semiconductors, things that power everything from your mobile phone to the Joint Strike Fighter, the fifth-generation Joint Strike Fighter. Everything these days requires semiconductors, these microcircuits.

Well, the university launched the Texas Institute for Electronics, or TIE, as it is called, which will support the future of semiconductor manufacturing through education, training, and collaboration with industry leaders. The Department of Commerce staff who are responsible for actually implementing the CHIPS Act were there to learn about the incredible public-private partnerships that are driving the chip industry already forward in Texas.

This is exactly the kind of collaboration I think we envisioned when I first introduced the CHIPS Act more than 3 years ago, together with our colleague Senator WARNER from Virginia. It is gratifying to see this vision becoming a reality in the Lone Star State, as I am sure it is in other parts of the country.

Over the last several weeks, I have also heard from my constituents about the many challenges that families and businesses are facing, starting with high prices on everything from food to housing, exacerbated by what President Biden calls Bidenomics. Like Texas Governor Ann Richards said in the summer of 1992 at the Democratic National Convention—she said: “Well, you can put lipstick on a hog and call it Monique, but it's still a pig.”

Nevertheless, I have come back to the Senate refreshed and ready to get back to work. So I listened to what the majority leader has said and written about his agenda for this period between now and the end of the month. We face a number of deadlines to fund the government and reauthorize critical Federal programs.

This year, four major deadlines arrive on September 30, just 25 days from now or 16 legislative days—16 days. Of course, none of these deadlines popped up out of nowhere. We have had plenty of warning and plenty of time to advance each of these bills. But the Senate majority leader—the one responsible for the Senate agenda and who is the only person in the Senate who can actually schedule floor action—has created this mash-up and dysfunction.

As it turns out, some of the biggest legislative achievements of the year have actually been led by this side of the aisle, by Republicans, who fought to overturn damaging Biden administration rules.

The Senate did pass legislation to raise the debt ceiling and place caps on discretionary spending, but it is important to remember that this was a deal cut between the Speaker, Speaker MCCARTHY, and President Biden. The Senate was essentially a bystander.

The biggest accomplishment of the year so far has been passing the annual Defense bill—not a small thing—but it is still a long way from reaching the President's desk.