

For the last few months, we have not had rain, and so the forest floor is like a tinderbox. On Monday, in the chimney tops area of the Great Smoky Mountains National Park, a fire started—maybe it was a campfire—and then winds as high as 80 to 90 miles an hour came and swept the fire through the park and into the resort town of Gatlinburg.

There were stories of firefighters getting back in their trucks to avoid the bears who were fleeing the fire. There were stories of cars catching fire as motorists drove to escape the fire. A couple from Alabama said they watched their windshield wipers melt on the car as they drove down the mountain. At least four people have been killed and others are missing. Fortunately, by now the fires have been pretty much put out. There were no fire outbreaks that were new in Pigeon Forge, which is nearby. Gatlinburg had some more fire outbreaks, but the rain that fell last night helped to put most of those out. The small town of Gatlinburg, a picturesque community on the edge of the Smokies where people have vacationed and have gone for their honeymoons, had to evacuate 14,000 citizens.

The Red Cross in addition to other independent groups operated six shelters. The mayor of Gatlinburg told people that his home burned up in 15 minutes. The city manager's home burned down. We have had a tremendous response from the Governor of our State, Governor Haslam, who was on the spot the next day with many of his State officials. There were 400 firefighters and more than 100 firetrucks that came from all parts of Tennessee. There were National Guardsmen and highway patrolmen. The Governor said they haven't seen a fire like that in Tennessee in 100 years. As I said, 14,000 citizens have been evacuated.

This is a heartbreaking story for all of us who know and love the Great Smoky Mountains and the people who live near there. I want the residents in Sevier County, Gatlinburg, and that area to know that Senator CORKER and I—and all of us in the Federal delegation—will do whatever we can appropriately do to help. That starts with helping pay for 75 percent of the cost of fighting fires, and, after that, cooperating with Governor Haslam as the State looks for ways to help individuals who might be hurt by this.

I know the mayor of Gatlinburg, the city manager, and Larry Waters, the county mayor, would want me to say that this is a resilient town and resilient people, and they are going to be fine, but it is going to be tough and hard. Fire always is. But Dollywood will be open at 2 p.m. on Friday, and people will be coming back. They have about 10 million people visit the Great Smoky Mountains National Park every year. We don't want people to stay away, but I do want the people of Gatlinburg and Sevier County to know how much we care for them and how

determined we are to help them help themselves so they can get back on their feet.

21ST CENTURY CURES BILL

Mr. ALEXANDER. Mr. President, the second subject I came here to talk about is the 21st Century Cures Act and the mental health legislation, both of which are being debated in the U.S. House of Representatives. There will be a vote on that legislation this afternoon at about 5:30.

This is legislation that has the strong support of the President of the United States, the active support of the Vice President of the United States. House Speaker RYAN has said that it is an important part of his agenda for health care for the future, and the majority leader, Senator MCCONNELL, has said he believes it is the most important piece of legislation Congress could enact this year. One reason it has been successful is that it has been so bipartisan in its making, both in the House and in the Senate.

Let me begin by thanking President Obama and Vice President BIDEN for their strong support and their interest. The President supports precision medicine—the idea of personalized medicine. For example, if the Senator from Pennsylvania and I each have the same disease, we might not take exactly the same medicine because our genetics might be different. We now know enough about it that if we can help doctors have that information, they can prescribe medicines that will help us live longer.

The President and the executive office of the President have issued a Statement of Administration Policy that is one of the strongest I have seen. I hope it persuades both Republicans and Democrats to be supportive of this legislation.

Mr. President, I ask unanimous consent that at the conclusion of my remarks, the Statement of Administration Policy be printed in the RECORD.

Mr. President, I mentioned the bipartisan nature of the legislation, and I will give two examples of that. My two colleagues, who are on the floor, will give the second example, which is the mental health bill.

This has been complex, no doubt about it. Yesterday I spoke at length on the floor about that. I ask that my colleagues recognize the core of this legislation, which is the following: There were 19 different bills that went through the Senate's Health, Education, Labor, and Pensions Committee—22 Members of the Senate. After many hearings, the largest number of recorded votes against any of those 19 bills was 2. We have a very diverse committee. We have some of the most liberal Members and some of the most conservative Members, and we were able to work out 19 bills that are the core of this legislation on a complex issue like this, and the largest number of votes recorded against any of the 19 bills was 2.

Secondly, every single one of those 19 bills but one had a Democratic sponsor and a Republican sponsor—usually more than one.

In addition to that, there is money attached to the bill. That is very unusual because this is an authorization bill, but the House did it, and we did it as well. We recognized the importance of this to the American people, and we did it in a fiscally responsible way. It is \$6.3 billion. It doesn't add a penny to the overall budget because for every increase in the discretionary budget, we reduced the same amount in the mandatory budget.

What is the funding for? The National Institutes of Health will get \$4.8 billion for research on urgent matters; \$1.8 billion for the Cancer Moonshot that the Vice President is leading; \$1.4 billion for precision medicine; \$1.6 billion for the BRAIN Initiative, including Alzheimer's; and then \$1 billion for State grants to help States fight the opioid abuse epidemic. That money has been accelerated so that all of this money is spent in the first 2 years and all of the Cancer Moonshot money is spent in the first 5 years. Speaker RYAN arranged for this money in the following way: While it has to be approved each year by the Appropriations Committee, it cannot be spent on anything other than what it has been designated for. So that \$1 billion can be spent only on opioid abuse.

I cannot imagine that the House of Representatives, if it overwhelmingly passes the 21st Century Cures bill in a vote, will not complete its promise to spend \$1 billion on opioid abuse this year and next year. I cannot imagine the U.S. Senate, which I also expect will approve this by a large vote, doing the same. I also can't imagine Democrats and Republicans going home and having to explain why they would vote no on \$1 billion worth of State grants for opioid money when all year we have been talking about what an urgent epidemic it is or having to explain why they voted no for \$1.4 billion for Cancer Moonshot when so many advances are being made or voting against \$1.4 billion for precision medicine when the President so eloquently made the case of why it is important or \$1.6 billion for the BRAIN Initiative at a time when Dr. Francis Collins, the head of the National Institutes of Health, tells us that we are close to identifying Alzheimer's before there are symptoms and we could have the medicine that will permit us to retard its progression. Think of the grief that will save millions of families. Think of the billions of dollars that will save for our country.

This bill has had the participation of dozens of Members of the U.S. Senate but none more effective and important than the Senator from Louisiana, Mr. CASSIDY, and the Senator from Connecticut, CHRIS MURPHY. Even though they are both relatively new to the Senate, they have taken the mental health bill and navigated landmines as

if they have been here 25 years. They have worked across the aisle with each other, and they have worked with Democrats and Republicans in the House of Representatives to produce a bill that passed overwhelmingly in the House and will be added to the bill today by amendment. It has also been approved by our Health, Education, Labor, and Pensions Committee here, and I thought it would be helpful today—and an example of the bipartisan support for the bill—to ask Senator CASSIDY and Senator MURPHY to describe the mental health bill.

Senator MCCONNELL says the 21st Century Cures bill is the most important piece of legislation that Congress will enact and pass this year. I believe that the mental health bill, which has three parts that we will enact this year—a part from our committee and part from judiciary—is the most significant piece of mental health legislation in terms of reforms of programs that the Congress will have passed in more than a decade.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

EXECUTIVE OFFICE OF THE PRESIDENT,
OFFICE OF MANAGEMENT
AND BUDGET,

Washington, DC, November 29, 2016.

STATEMENT OF ADMINISTRATION POLICY
HOUSE AMENDMENT TO THE SENATE AMENDMENT
TO H.R. 34—21ST CENTURY CURES ACT

The Administration strongly supports passage of the bipartisan House Amendment to the Senate Amendment to H.R. 34, the 21st Century Cures Act, which dedicates more than \$6 billion to implement key priorities such as the President's proposal to combat the heroin and prescription opioid epidemic; the Vice President's Cancer Moonshot; and the President's signature biomedical research initiatives, the Precision Medicine and Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiatives. It also takes important steps to improve mental health, including provisions that build on the work of the President's Mental Health and Substance Use Disorder Parity Task Force, and includes policies to further modernize the drug approval process.

The legislation includes \$1 billion over two years, including \$500 million in Fiscal Year 2017, to combat the prescription opioid and heroin epidemic, consistent with the President's budget request. More Americans now die every year from drug overdoses than they do in motor vehicle crashes, and the majority involve opioids. The opioid epidemic is devastating families and communities and straining the capacity of law enforcement and the healthcare system. The resources included in the bill will allow states to expand access to treatment to help individuals seeking help to find it and to start the road to recovery, with preference given to states with an incidence or prevalence of opioid use disorders that is substantially higher relative to other states.

The Administration is committed to taking immediate action to lay the groundwork to ensure that the funds in the bill would be disbursed quickly and effectively so we can begin to address these important public health challenges.

The bill also includes \$1.8 billion, including \$1 billion over the next three years, to support the Vice President's Cancer Moonshot. The Moonshot aims to accelerate research efforts and make new therapies available to more patients, while also improving our ability to prevent cancer and detect it at an

early stage. The resources in this legislation will support investment in promising new therapies like cancer immunotherapy, new prevention tools, cancer vaccine development, novel early detection tools, and pediatric cancer interventions. As the Vice President and scientific experts have said, we are at an inflection point in cancer research and this investment could help seize this opportunity.

The legislation also dedicates support for other key research initiatives. In 2013, the President launched the BRAIN Initiative with the goal of helping researchers find new ways to treat, cure, and prevent brain disorders, such as Alzheimer's disease, epilepsy, and traumatic brain injury. In 2015, he launched the Precision Medicine Initiative to pioneer a new model of patient-powered research that promises to accelerate biomedical discoveries and provide clinicians with new tools, knowledge, and therapies to select which treatments will work best for which patients. The bill creates dedicated funding of \$1.5 billion for the BRAIN Initiative and \$1.4 billion for the Precision Medicine Initiative to continue these signature Presidential Initiatives, which have broad bipartisan support, over the next decade.

The legislation also includes bipartisan mental health reforms. These include a renewed emphasis on evidence-based strategies for treating serious mental illness, improved coordination between primary care and behavioral health services, reauthorization of important programs focused on suicide prevention and other prevention services, and mental health and substance use disorder parity provisions that build on the work of the President's Mental Health and Substance Use Disorder Parity Task Force.

In addition, the bill takes multiple steps to further the progress made in this Administration in improving the drug development process. It enhances the ongoing efforts to better incorporate patients' voices into the Food and Drug Administration's (FDA) decision-making processes; supports FDA's efforts to modernize clinical trial design; and improves FDA's ability to hire and retain scientific experts. The legislation includes strong protections for individuals' health data, as well as provisions preventing unnecessary restrictions on the sharing of health information technology data with patients and providers.

There are also provisions in the bill that raise concerns, but that have been modified from previous versions to help address concerns, such as provisions that allow for the marketing of drugs to payors for off-label uses. In addition, a number of effective dates will be challenging to meet, especially without additional administrative funding. The requirement to sell additional inventory from the Strategic Petroleum Reserve, when added to the sale requirements of the Bipartisan Budget Act and the FAST Act, continues a bad precedent of selling off longer term energy security assets to satisfy near term budget scoring needs.

That said, this legislation offers advances in health that far outweigh these concerns. As such, the Administration strongly supports passage of the House Amendment to the Senate Amendment to H.R. 34, the 21st Century Cures Act.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Mr. President, I thank Senator ALEXANDER for yielding and for his leadership, and I thank Senator MURRAY for her leadership. I thank Senator MURPHY for his cooperation and collaboration in passing this legislation.

I will speak to mental health as Senator, a doctor, a family member, and as a friend of those with mental illness.

Because of these different hats, passing comprehensive mental health reform has been a priority since day one. Senator CHRIS MURPHY and I introduced the Mental Health Reform Act in 2015, shortly after arriving in the Senate. Since then, Senators ALEXANDER and ranking member MURRAY have made mental health reform a priority, and I thank them once more for their vital work to include the provisions the four of us introduced in the Mental Health Reform Act of 2016 in the 21st Century Cures Act.

In some way, everyone is affected by serious mental illness. This is not a partisan issue. It crosses any division of age, gender, demographics, and certainly political party. If I go to a townhall meeting in Louisiana in an area that is not so wealthy and speak of the need to address mental health, heads nod yes. If I go to another townhall meeting in another area that is very wealthy and mention the need to address mental health, all heads nod yes. Everyone nods their head yes because mental health is an issue in the back of everyone's mind.

Earlier I mentioned that everyone has a family member or friend who has a serious mental illness—maybe not, but it might be that person whom you went to high school with and her life turned out far differently. Perhaps her marriage broke up, perhaps her children are in foster care, or perhaps she is homeless. If you think—not even hard—that person will come to your mind. The largest problem affecting Americans with serious mental illness is lack of access to care.

Just a few weeks ago, I spoke to a neuropsychologist in Baton Rouge, Dr. Paul Dammers. He said he sees 15 to 20 patients a day and is booked up to 6 months in advance. If your loved one is having a mental health crisis, they should not have to wait 6 months to receive treatment. He stressed the significance of the barrier to treatment posed by the shortage of mental health professionals. Thank God for Dr. Dammers and for all the work he and the other mental health specialists do to help those with mental illness return to wholeness, but they need help. Access delayed is access denied, and access is hampered by a shortage of mental health providers and too few beds for those with serious mental illness who need to be hospitalized. Too often patients cannot get the care they need, and too often they have a long delay between diagnosis and treatment. Without appropriate treatment options, prisons, jails, and emergency rooms become the de facto mental facility.

Sheriff Greg Champagne from St. Charles Parish, LA, and past President of the National Sheriffs' Association quotes a statistic that sheriffs are the No. 1 providers of mental health services in any parish or county in the

country. Incarceration has become our top mental health treatment strategy. More than three times as many mentally ill are housed at any one time in prisons and jails than being treated in hospitals.

Now, it is clear it is time to fix our broken mental health care system. The 21st Century Cures Act provides incentives to build an adequate and skilled mental health workforce to expand access to mental health care, providing quick and effective diagnosis and treatment. Our goal is that the person who has her first psychotic episode when she is 18 will be restored to wholeness so that when she is 50, she looks back upon that as a distant memory but not as a life-defining event.

This bill also addresses privacy issues that keep some patients from receiving the best treatment possible. As an effect of the government regulation HIPAA—an important law protecting patient privacy—nonetheless, when it comes to a patient with mental illness as an adult, the doctor feels as if she or he is not allowed to share vital information for their care with a third party, even if that third party is their caregiver. A woman I went to high school with has an adult son with serious mental illness, and she relates that she is the one who brings him to the hospital and she is the one who gives him his medicines. Yet, when he is discharged, she is not told what medicines he takes. She is not told when he takes them, and she is not told when to bring him for follow up.

Privacy is important, but when government regulation gets in the way of a doctor and a patient and a family trying to make sure their loved one is cared for, something needs to change.

This legislation also provides incentives to build an adequate and skilled mental health workforce but also to train that workforce to better understand these rules of disclosing patient information. This allows doctors to better serve their patients and ensure they are getting the proper care they need. It also—again, as a physician, this next provision just matters so much to me—promotes access to services through the integration of primary and behavioral health. Right now, if someone with a serious mental illness goes to see their psychiatrist and the psychiatrist notes that their hypertension is out of control and she wants to send the patient down the hallway to see her colleague, the family practitioner, the Federal program won't pay for that. She refers the patient to the emergency room instead. Conversely, the family practitioner treating the hypertension knows that the patient is psychotic. They are not allowed to send the patient down to the psychiatrist on the same day.

Now, in private insurance programs, this is not an issue. It has only been an issue in Medicaid. This law begins to change that. I will note that patients with psychiatric illness die 20 years younger than do patients who have a

physical illness but do not have a psychiatric illness. We must do better by those with serious mental illness.

Another thing this bill does is to establish a grant program focused on intensive early intervention for children who demonstrate the first signs that may evolve into serious mental illness later in life. Drs. Howard Osofsky and Joy Osofsky of the Health Science Center in New Orleans did research after Hurricane Katrina and found that you can detect from ages 0 to 3 evidence of a child who may have a problem with mental illness later in life. This bill provides grants for early intervention for the infants and children, which will address the effects of trauma and the adverse experiences that up to 10 to 15 percent of children under the age of 5 have. A second grant program supports pediatricians consulting with mental health teams. This is modeled after successful programs in Massachusetts and Connecticut.

This legislation does many important things to change how we treat mental illness. By expanding access to mental health resources, clarifying the rules on disclosure of patient information with family caretakers, and integrating primary and behavioral health, the 21st Century Cures Act will begin to fix our broken mental health system and prevent more people affected by mental illness from being denied the care they need.

Thank you, and I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, I wish to thank Senator CASSIDY and Senator ALEXANDER for being such amazing partners in bringing this legislation from its introduction last summer to the floor of the House and soon to the floor of the Senate. I will say a little bit more about them and their teams, but it really has been a pleasure. I have learned a lot, especially from Senator ALEXANDER, about how to overcome some tough obstacles and pitfalls while bringing something this big and this meaningful through the process.

I accept the premise that there is something fundamentally broken about the way things work here in Washington, DC. Cable news fame and getting ready for the next election all matter way too much here, and it means that there are a lot of big issues, like immigration reform and entitlement reform and infrastructure, that don't get done because politics get in the way. But there are, frankly, a lot more breakthroughs that happen here than most Americans know about, and a lot of them happen on the HELP Committee. There are, more often than one would think, moments where politics get put to the side or temporarily squeezed out of the way and something really important happens here. This is one of those moments.

Senator CASSIDY really explained the contours of this bill very well. So I want to provide just a little bit of the context for it. I have been working on

this issue of mental health since I was 25 years old, in the Connecticut State legislature, and I ran for Congress in part because I knew that I couldn't fix what was broken in Connecticut's mental health system without addressing the myriad of Federal funding sources, laws, and regulations that create today what is kind of currently a dystopian web of uncoordinated, misaligned behavioral health care in this country.

The consequences of this failed health care system are all around us, and they are just increasingly impossible to ignore. Senator CASSIDY spoke about some of them. But it is personal because every single one of us knows someone in our family or our next door neighbor who suffered from a serious mental illness and failed to get the care they need. All of us recognize that this suicide crisis is spiraling out of control. We have seen a 25-percent increase in suicides in just the last 15 years. When we visit our hospitals, no matter what State we are in, we all notice that one of the major building campaigns that is happening is additions to the emergency departments to take care of this tsunami of mentally ill patients who are walking into these ERs because they have absolutely nowhere else to go.

Lastly, for as much back-patting as we have done for ourselves in the last 50 years because of our decision to close mental institutions all across the country, we have essentially just recreated these institutions all over again. They are now called prisons. A recent article in the Boston Globe by the now famous Spotlight investigative team found that prisoners in that State essentially had to self-mutilate themselves in prison in order to get any mental health care. The Spotlight team concluded that "there may be no worse place for mentally ill people to receive care than prisons." Yet we have essentially decided in this country to exchange the old insane asylums for new ones.

Mainly, though, I stay awake thinking about a meeting that I had earlier this year with moms—with a bunch of mothers in West Hartford, CT. These were moms that were at their wit's end. They were fairly affluent. They were well educated. They had learned the ins and outs of this broken system. Yet they still had no answers about what to do with their deeply mentally ill children. Many of them were adults. So, technically, they were not under the supervision of their parents any longer. They were petrified—petrified that their kids would end up in those prisons or, worse, that they would end up dead because there was no way for them to find proper care for their children's mental illness. These moms told the story dozens of times, courageously so. They wept and they trembled with me as they were telling these horror stories.

Yet, of course, for all of the disaster that exists in our under-resourced, uncoordinated behavioral health system,

there is lots of hope. Why? Because recovery is possible. Check that, actually. It is not possible, it is actually probable, if you can find the right therapy, the right set of supports, and perhaps the right set of medications needed.

Over the last 20 years of public service, I have met plenty of people who have beaten this disease, who have trained their minds to work differently, and who are leading full and happy lives. The simple problem is that the resources here are just too far out of reach and sometimes nonexistent for millions of constituents living with mental illness.

So that brings us to this moment and how this place actually does work for good sometimes. Two years ago, I approached Senator CASSIDY right here on this very floor, just days after his swearing in, and I told him that I had heard that when he was a House Member, he would come to hearings on mental illness in the House with a dog-eared, wornout copy of a book called "Crazy" by Pete Early. I don't agree with everything in that book, but it is a story of a father who had the same story to tell as all of those moms in West Hartford. I asked Bill if his enthusiasm for this book meant that he was interested in working on mental health policy, and he said: Absolutely. For the next 6 months, he and I worked together to meet with everybody we could find, both nationally and in our States, who could tell us what was wrong with our mental health system, and we decided to do something big.

A lot of us work with Members of the other party on small bills. They are meaningful pieces of legislation, but they are kind of one-offs. They fix one problem here or there. We decided to write a big, sweeping bill—one that would tackle as many problems in the behavioral health system as we could all at once. We had a head start because of our friend in the House of Representatives, Representative TIM MURPHY, had already introduced a comprehensive reform bill. So in August of that year, after hundreds of these meetings and forums, we introduced our own version of TIM MURPHY's bill—the Mental Health Reform Act. Today, about 16 months after introduction, the House is going to pass this bill as a major component of the Cures package, as Senator ALEXANDER said. My hope is that we will have a bipartisan vote here some time very soon.

Senator CASSIDY and I will be the first to admit that it doesn't come close to solving all the problems that people with mental illness confront. Most importantly, it doesn't include new Medicaid or Medicare money to address some of these huge shortages that patients and families face. But it does require insurance companies to stop discriminating against people with mental illness by rejecting claims for mental health at a rate that is much higher than they do for physical health. This strengthening of our Na-

tion's mental health parity law is probably the bill's most important provision in my mind. I am convinced it is going to result in hundreds of millions of dollars in new care for people with mental illness. I wish to thank Senator ALEXANDER and Senator MURRAY for supporting this provision, even though it was at times controversial.

The bill also elevates the place of mental illness within the Department of Health and Human Services by creating a new assistant secretary who is going to oversee all of this funding that often is done in a really uncoordinated way. It creates new programming to assist young children who show the first signs of mental illness. We get at it early. It reauthorizes important suicide prevention programs that have been shown to work, and it clarifies that parents don't need to be totally cut out of their adult child's care—that doctors can share information with parents if it is in the best interests of the patient to do so.

Frankly, that is just the tip of the iceberg. Senator CASSIDY went much deeper. There are a lot of other provisions in this bill that will make it less likely that people with mental illness face continued barriers to care.

Over the past 2 years, this bill has faced a lot of uncertain moments, and that is where Senators ALEXANDER and MURRAY come in. They have really helped us navigate through some tough waters. I give a lot of credit as well to Senator CORNYN. Senator FRANKEN contributed a big section of this bill that reforms the way the mentally ill are treated in the criminal justice system. Senator CORNYN, in particular, helped us overcome a major hurdle in this bill this fall.

Finally, I just want to thank all of the staff people who have worked on this. I want to thank Brenda Destro in Senator CASSIDY's office. I want to thank Mary Sumpter Lapinski and Laura Pence in Senator ALEXANDER's office; Evan Schatz, Nick Bath, and Colin Goldfinch in Senator MURRAY's office. First and foremost, I want to thank Joe Dunn in my office, who in many ways is the parent of this bill from beginning to end, and all the people in our office who worked underneath him.

When and if the Senate approves this bill and the President signs it into law, maybe the most important thing that will happen here is that we will show that this place can work together to address a big problem that really has no partisanship to it. Mental illness doesn't care if you are a Republican or if you are a Democrat. Mental illness doesn't care if you voted for Hillary Clinton or Donald Trump, and it doesn't care if you think you are not the kind of person who could suffer from mental illness. It doesn't discriminate. Yet we do. We continue to push those with mental illness into the shadows. Our unwillingness to fund the better coordinated care system that we know we need is a clear message to

these patients that they are something less inside our health care system.

That begins to change with the passage of this legislation. I think, accurately described by Senator ALEXANDER, it is probably the most significant piece of mental health legislation we have passed in over a decade. I can say that maybe there is nothing I have worked on in my 20 years of elected office of which I am more proud. I commend this bill to all of my colleagues.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, once again, I want to thank Senator MURPHY and Senator CASSIDY for their exceptional passion, leadership, and professionalism on a big issue. We all will have a chance to support their work when the bill comes over from the House on Monday as a part of the 21st Century Cures legislation.

I want to reiterate what Senator MURPHY said about Mr. CORNYN, the Senator from Texas. He played a key role in developing parts of the legislation that came through the Judiciary Committee and he, like Senator MURPHY and Senator CASSIDY, had to negotiate a few landmines in order for the bill to be considered and included as it has been. I want to pay my respects to Senator CORNYN and thank him for his leadership on the bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

EMERGENCY CARE FAIRNESS BILL

Mr. ROUNDS. Mr. President, let me begin by thanking my colleagues who are here today, the Senator from Tennessee, the Senator from Louisiana, and the Senator from Connecticut, for the hard work they are doing to create new legislation that will improve the health care of Americans in the future, but I come today as well to speak about legislation which has already passed that was designed to improve the health care of veterans across the entire United States.

I come to speak in favor and in support of the Emergency Care Fairness Act of 2009, which recently has come under attack by the VA and legislation introduced on this floor. In 2009, the 111th Congress passed the Emergency Care Fairness Act to fix a very big loophole in the law which hurt our Nation's veterans. Prior to 2009, the VA was not authorized to cover any costs of emergency room care at non-VA facilities for veterans who were covered by any type of third-party insurance. That meant that if a veteran had a limited insurance policy that covered even \$1 of an emergency room bill, the VA would not pay a dime to cover costs that were not paid for by their insurance. Meanwhile, if a veteran had no insurance and was rushed to the emergency room, the VA was authorized to cover all of his or her costs. Clearly, this made no sense. Under the system,