

a friend and adviser to Bob, said: I want to take you up to the Hill to meet Congressman Bob Dole. I consider him to have the highest potential to be whatever he wants with regard to public service.

So I went up to the Hill, and I met this handsome young man. He didn't sit on his hands very long in terms of what he wanted to accomplish. I first met him then, and, then, as a staffer for my predecessor, the Honorable Keith Sebelius, a congressman from "The Big First" and, then, as a Member of the House for 16 years.

I tell the story that most people in the House thought that whatever I proposed or whatever I was for, Bob Dole was for me. Well, about 50 percent of that was true, but I never told them about the other 50 percent. So I was really able to get a lot done.

Bob, thank you for that.

I am so proud—so proud—to call him friend. I am proud to serve his State. I am equally proud today that each Senator—each and every Senator and colleagues on both sides of the aisle—have joined me in honoring Senator Bob Dole with a Congressional Gold Medal—all 100. It didn't take very long.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

PRIVATE CORRADO PICCOLI PURPLE HEART PRESERVATION ACT

Mr. PERDUE. Mr. President, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of S. 765 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 765) to amend title 18, United States Code, to provide for penalties for the sale of any Purple Heart awarded to a member of the Armed Forces.

There being no objection, the Senate proceeded to consider the bill.

Mr. PERDUE. Mr. President, I ask unanimous consent that the Perdue substitute amendment be considered and agreed to, the bill, as amended, be considered read a third time and passed, and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendment (No. 767) in the nature of a substitute was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Private Corrado Piccoli Purple Heart Preservation Act".

SEC. 2. FINDINGS.

Congress finds the following:

(1) The Purple Heart medal solemnly recognizes the great and sometimes ultimate sacrifice of American servicemembers like Private Corrado Piccoli.

(2) The Purple Heart medal holds a place of honor as the national symbol of this sacrifice and deserves special protections.

SEC. 3. PENALTY FOR SALE OF PURPLE HEARTS AWARDED TO MEMBERS OF THE ARMED FORCES.

Section 704 of title 18, United States Code, is amended—

(1) in subsection (a), by striking "Whoever" and inserting "Except as provided in subsection (e), whoever"; and

(2) by adding at the end the following:

"(e) PURPLE HEART.—

"(1) PENALTY.—Whoever willfully purchases, attempts to purchase, solicits for purchase, mails, ships, imports, exports, produces blank certificates of receipt for, manufactures, sells, attempts to sell, advertises for sale, trades, barter, or exchanges for anything of value any Purple Heart awarded to a member of the armed forces or former member of the armed forces by the Secretary of the military department concerned, except when authorized under regulations made pursuant to law, shall be fined under this title, imprisoned not more than 6 months, or both.

"(2) LIMITATION ON REGULATIONS.—Regulations described in paragraph (1) may not authorize the sale of any Purple Heart awarded to a member of the armed forces or former member of the armed forces by the Secretary of the military department concerned, unless the sale is conducted by the member or former member to whom the Purple Heart was awarded.

"(3) DEFINITION.—In this subsection, the term 'willfully' means the voluntary, intentional violation of a known legal duty."

The bill (S. 765), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

Mr. PERDUE. Mr. President, this legislation is important because it will offer the Purple Heart the same types of legal protections currently in place for the Medal of Honor and help put an end to profiteering off of the sacrifice of our great American heroes.

I would like to thank those Senators who have cosponsored this bill, as well, and the chairman and ranking member of the Judiciary Committee for persisting to get this bill on the floor.

There is no higher honor that we have in the Senate than to honor our veterans and the people who put their lives on the line every day for their country.

UNANIMOUS CONSENT AGREEMENT—H.J. RES. 76

Mr. PERDUE. Mr. President, I ask unanimous consent that if the Senate receives H.J. Res. 76 from the House, and if the text of H.J. Res. 76 is identical to the text at the desk, that the joint resolution be considered passed, the preamble be considered agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Delaware.

HEALTHCARE

Mr. CARPER. Good afternoon, Mr. President. It is good to see the Presiding Officer and to hear my colleague Senator PERDUE, as he prepares to probably head for home for the next several weeks.

A number of our Senators are heading for their home States this afternoon and tomorrow to begin what is traditionally called the August recess. I am fortunate to live in Delaware, and I can go home every night. Some people see it as a blessing, others as a curse. I see it as a blessing to go home and stay a while. I am looking forward to that.

We have three Senate office buildings here on Capitol Hill that Senators share and where they have their office space. The oldest is Russell. The next oldest is Dirksen. The newest is a building they call the Hart Senate Office Building. For 16 or 17 years, my staff and I have been in the Hart Building—and by choice. Every 2 years we can change offices, but we always want to stay in the same office, which is sort of unusual when you have been here for 16 or 17 years.

Sometimes a lot of people say the names Russell or Dirksen or Hart. Russell and Dirksen are pretty famous folks, even now. Hart is less well known. I will not take a lot of time to give a deep history of who Philip Hart was, but he was a Senator from Michigan and he was a Democrat. His time here preceded my time.

I was elected State treasurer for Delaware in 1976, a Congressman in 1982, and Governor in 1992. Then, I came to the Senate in 2001. But for Philip Hart and me, as far as I know, our service never crossed. If we did, I am not aware.

I don't know a lot of the things he was famous for. There are some of his famous quotes, but one of my all-time favorite quotations are the words I believe he said when he left this place. He left the Senate and retired. Some say he left too soon, but when he retired, he said these words: "I leave as I arrived, understanding clearly the complexity of the world into which we were born and optimistic that if we give it our best shot, we will come close to achieving the goals set for us 200 years ago."

That is what he said. Aren't those wonderful words? At a time when we could actually use a little bit of encouragement, I hope that, maybe, his words provide at least a small measure. For me, they always provided a large measure.

If you go back to the beginning of this Congress, January 3, and the inauguration of the President on January 20 of this year, there were high hopes

on both sides to immediately get to work on comprehensive tax reform; on transportation and infrastructure policy for roads, highways, bridges, rails, ports, broadband, and maybe our electric grid. There was the idea of doing something for our Republican friends to repeal the Affordable Care Act.

As it turns out, we have in some cases disappointed, and in other cases we probably have pleased the folks who elected us to serve them, in developing and creating some of the policy for our country.

I spent a fair amount of time on healthcare. I know the Presiding Officer, the Senator from Wisconsin, has as well. I spent a fair amount of time thinking and working on healthcare before, as a Governor and even as a Congressman. I am not a doctor. I have never pretended to be and have never wanted to be, but I think one of the credos for the folks in the medical field and physicians is “do no harm.” I hope that, at least on the healthcare front, in these 7 months here of this legislative session, we have not done a great deal of harm. I don’t think we have.

We had a robust debate on whether the Affordable Care Act should be repealed, with a special focus on the section called ObamaCare, and not much of a debate on how we get better healthcare results for less money, although it is a goal we all share, as Democrats and Republicans, in the executive branch and in the legislative branch. I think that we all share the goal of trying to figure out how to provide better healthcare for less money to everybody so everybody has coverage. I think that is a shared goal.

LAMAR ALEXANDER, my Senate colleague from Tennessee, likes to say: A pilot wouldn’t take off in an airplane without knowing what his or her destination is. Think about that. With respect to our destination on healthcare, I think we know what the destination is; that is, as I said earlier, to make sure we provide better coverage for less money and cover everybody. That is the destination.

Just as a guy who spent a lot of time as a naval flight officer in airplanes for about 23 years, I know there are different ways to get to places. Sometimes it is a straight line; sometimes it is not. Sometimes you have to go around turbulence, around storms, or under them. You may run short on fuel, and there may be mechanical malfunctions. It is not always a straight line to get to where we want to go in an airplane. It turns out that it is not a straight line—that destination that we want to get to with respect to healthcare, for better results, less money, and covering everyone.

One of the efforts to reach that destination has its roots in 1993. In fact, here in Washington there were two ideas for reaching that destination in terms of healthcare. Our shared goals go back to 1993, where you had here in Washington two different ideas that were put on the table.

One idea was from our First Lady, Hillary Rodham Clinton. She worked with really smart people to come up with a healthcare plan called HillaryCare, to essentially try to achieve those three goals I mentioned. Our friends in the Republican Party were not always kind in characterizing her proposal. I think, when they called it “HillaryCare,” it was not meant to be a compliment. Even now, in television commercials, I remember seeing them kind of denigrating her efforts.

One of the responses from the folks who supported it—at least, something that First Lady Hillary Clinton proposed—or one of the things that the Democratic side said to the Republicans was this: What is your idea? At least we have an idea.

Then, some really smart people over at the Heritage Foundation went to work and they came up with what turns out to be a good idea—several very good ideas—to draw on market forces in order to try to meet those three goals I stated earlier on healthcare.

The first great idea of the five ideas was to create exchanges in every State for people who don’t have coverage under Medicaid or Medicare or they don’t work for an employer that provides healthcare for them. These are large purchasing pools in every State where people can get healthcare coverage and be part of a large group plan and realize the benefits of being a part of that large group plan.

The second aspect or pillar of their five ideas was the idea of a sliding-scale tax credit for people whose income was low. They would get a tax credit to lower the cost of a premium in the exchange in their State. As that person came up and up, at least to a certain level, the tax credit would go away. It is a sliding-scale tax credit. That was a Heritage Foundation idea.

Their third idea was something called an individual mandate, which said that, if you don’t have coverage, you have to get it. Particularly, you have to sign up for it in the exchange. If you don’t want to sign up, you are going to be fined. You can’t actually make people sign up and get coverage, but the idea behind Heritage was that we would incentivize people to get coverage, because, eventually, people who don’t have coverage will have to get care. Unfortunately, it is really expensive if they go to the emergency room. A lot of times they are so sick that they end up getting admitted. That costs a bundle, and the rest of us end up paying for it. So the third pillar was the individual mandate.

The fourth pillar was the employer mandate, because we want employers to cover their employees. That may not be absolute full coverage or Cadillac coverage. You don’t have to necessarily cover their family, but we want you to offer coverage to your employees—hopefully, decent coverage.

The last part dealt with preexisting conditions. The Heritage folks said

that there should be a prohibition against insurance companies being able to say to people who are sick or have some kind of preexisting conditions: We are not going to insure you because you have a preexisting condition. Heritage said that should be verboten. You shouldn’t get away with that if you are an insurance company.

Those were the five ideas. Our friends here on the Republican side of the aisle said: We want to take those ideas.

They did. The lead sponsor was John Chafee. I think he had 22 Republican sponsors in 1993, including Senator HATCH, who was the senior Republican on the Finance Committee and chaired the Finance Committee, and CHUCK GRASSLEY, a senior Republican on Finance who was also the chairman of the Judiciary Committee. They were some of the 22 cosponsors of the Republican bill, which really reflected the Heritage Foundation’s ideas. Neither HillaryCare nor the Chafee legislation went forward and was adopted.

But about 13 years later, in 2006, a fellow Governor of Massachusetts was thinking about what were some things he could do to really differentiate himself in the field for running for President in 2008. His advisers came up with this idea: Why don’t we try to cover everybody in Massachusetts and be the first State with everyone having healthcare coverage? They dusted off the Heritage Foundation’s five ideas and introduced the legislation in Massachusetts. They amended it and changed it a little bit, but, in the end, they passed the legislation. They implemented legislation in 2006, I believe, that reflected Heritage’s ideas from 1993 and reflected the legislation that was written in this Chamber by John Chafee in 1993. It worked. It worked in Massachusetts.

They fairly quickly were able to cover a lot of extra people in their State who hadn’t been covered before. One of the things they wrestled with early on was portability. As it turns out, the folks who are young and invincible, like our pages here with us—I think this may be the last day or two before they head back for home.

The Presiding Officer may not know this, but the pages are here on overtime. Most of the pages returned to their home States across the country, but there are a half dozen or so volunteers that are still sticking with us to the bitter end. Hopefully, it is not too bitter an end. We hope that someday you will come back here as interns or maybe staff Members, and, who knows, maybe even as Presiding Officers or just mortals—mere mortals like me. Thank you again for your service.

Anyway, the Romney folks found out that they had this fine setup. So if people didn’t get coverage in Massachusetts, they would have to pay a fine. It went up over time. It was later that they decided that if they had to do this over again, they would have had the fine start higher and escalate faster in order to send a clear message to the

young invincibles and others who didn't have coverage that you have to get serious about getting coverage. They wanted a mix of people in their exchanges so that insurance companies would be able to insure them and not lose their shirts—to make money off of it.

Anyway, when we were working on the Affordable Care Act in 2009, my first year on the Finance Committee, we were trying to figure out what to do. We proposed a lot of ideas to sort of keep our eye on the ACA. The Affordable Care Act was a way to just sort of pivot away from sick care, where we just spend money on people when they are sick, and do more to invest on how we help people stay healthy through prevention and wellness, by doing screenings for colorectal cancer, breast cancer, and prostate cancer, in ways that, if you take away the copays for people and they can go ahead and get the screenings, they save themselves a lot of money and a lot of pain and maybe from dying, which otherwise wouldn't be the case.

There are a lot of aspects of the Affordable Care Act. We raised the eligibility for folks for Medicaid.

When I came back from Southeast Asia in 1993, I went to business school in Delaware and got an MBA. The next year, I became State treasurer. I was 29. At that time, I thought of Medicaid as healthcare coverage for poor women with children. At the time, that was pretty much what it was, but not today.

Almost two-thirds of the money we spend on Medicaid is for people who are in nursing homes—our parents, our grandparents, our aunts, our uncles. A lot of them are veterans. I think 2 million are veterans. We spend a lot of money on Medicaid today to treat addiction for heroin and opioids, and we spend money on poor families, including women and children, but the nature of the coverage has changed a whole lot.

For many years, it has been a 50-50 yield. Largely, States pay 50 percent, and the Federal Government pays 50 percent. We changed that in the Affordable Care Act because we wanted the States to cover more than just the people up to 100 percent of poverty. The Federal Government stepped in and said to the States: If you would go along with this, we would like to cover people from 100 percent to 135 percent of poverty. The Federal Government, at least for a while, would pay for that marginal increase in coverage up to 135 percent of poverty. It is a pretty good deal for the States, and about 31 States have signed up to do that. So a lot of people have coverage today who did not have it before through Medicaid.

The other thing we did in writing the Affordable Care Act was to take the idea that they have sort of glommed onto in Massachusetts with RomneyCare—which has its roots back to the 1993 proposal from Heritage and that was proposed here in the Senate

by Senator Chafee—and put that into the Affordable Care Act. I know that there are some people who wanted to have a single-payer system in that their idea of healthcare reform was to cover everyone under Medicare who did not have coverage. We were just not ready to go there, so we said: Let's try something that has been put in place in one of our States, maybe with the idea that Massachusetts could be the laboratory of democracy—to find out what works and do more of that—and that was what we did.

We passed legislation that created exchanges in all 50 States, and we had an individual mandate to encourage people to get coverage and incentivize them but fine them if they did not. A lot of people say that we started too slowly, as Massachusetts did not implement it fast enough to get people signed up in the exchanges, but we learned, maybe, from our mistakes. We had the employer mandate, and we had the sliding sales tax credit in the Affordable Care Act.

Then we had the prohibitions against insurance companies that refused to cover people because they had some kind of preexisting condition. That was the part of the Affordable Care Act that had its roots, really, in Heritage and Republican Senators—really good ones. Some of them are still here. Somehow, this has turned out to be that part of the Affordable Care Act with the exchanges and so forth. It ended up being called ObamaCare, which is really ironic because he did not have anything to do with creating it. It was not his idea, but, somehow, it has been deemed to be ObamaCare. It is the part of the Affordable Care Act that has been most attacked by our Republican friends. It was their creation, their suggestion, and now they want to get rid of it.

We have had some tough debate here in recent weeks, and the Senate has decided not to repeal that part of the Affordable Care Act. I think that we are smart not to repeal it, but the idea is to help make it work. One of the best ways is to sort of calm down the exchanges—quit disrupting and destabilizing the exchanges. When the President says that we do not know if we are going to enforce the individual mandate or the subsidies that we provide for low-income people, who get their coverage in the exchanges, to help cover their co-pays or deductibles—they do not know if they are going to keep doing that. They are basically saying of the ObamaCare exchanges to just put them in a death spiral. Let them just die. Then, maybe, the Democrats will come to the table.

I think all of that would be a huge mistake. Most of the people would suffer. As a matter of fact, a lot of the folks who voted for them are in rural States, and a lot of them are in red States around the country. I think it is cruel, and I do not think it is very smart.

Last Friday morning at 2 a.m., three Republicans—LISA MURKOWSKI, of Alas-

ka; SUSAN COLLINS, of Maine; and JOHN MCCAIN, of Arizona—joined 48 Democrats in saying: Let's hit the pause button on degrading, further bringing down, the Affordable Care Act. Let's hit the pause button. It is not because the Affordable Care Act is perfect, because we know there are things in it that need to be fixed, but there are portions that need to be preserved as well.

We said: Let's see if we can't hit the pause button—kind of pivot—and stabilize the exchanges, first of all, then do the fix, and do the repair that needs done in the ACA. We would keep the stuff that is really good and that everyone says is good and move on. Let's not just do it as Republicans by themselves or Democrats by themselves. We have tried that. Let's try working together.

Now we have a chance to do that, and people, like the Presiding Officer, who have very good ideas will have a chance to present those ideas in hearings that will be held by Senators LAMAR ALEXANDER and PATTY MURRAY right after we come back here, just after the Labor Day holiday.

I learned in our Finance Committee today that Chairman ORRIN HATCH and Senator RON WYDEN, who is the senior Democrat on the committee, will also be holding a hearing or hearings on how do we stabilize the exchanges and how do we, maybe, find some ways to improve on what we have done in the Affordable Care Act. I can think of any number. I am sure that the Presiding Officer can as well.

I do not leave here discouraged. This is a country about which people say: You must be miserable serving in the U.S. Senate.

I say: Oh, no, not at all. I am sort of energized by what has been going on, not discouraged.

A long time ago, we fought the Civil War. One hundred fifty years ago, we fought the Civil War. My friend here from Mississippi remembers that. I grew up in the last capital of the Confederacy—Danville, VA. I remember that. One hundred fifty years ago, hundreds of thousands of people were killed, maimed, or wounded. When it was over, our President was assassinated, and his successor was impeached.

Somehow, we got through that and made it to the 20th century and fought, not one, but two World Wars. We won them both and led them both. We fought the Cold War—won it, led it. We led the world out of the Great Depression and into the 21st century.

The 21st century emerged, and the Sun came up that January day in 2001. America had the strongest economy on Earth and the most productive workforce on Earth. We are a nation of peace. We had four balanced budgets in a row. We had not balanced a budget since 1968. Then we figured out how to do that four times in a row during the last 4 years of the Clinton administration. In 2001, we were the most admired Nation on Earth and the most admired force for justice on Earth.

I like to remind people that if we can get through the 150 years after the Civil War and end up where we were on January 1, 2001, we will get through this as well.

The last thing I would say is this: When we come back, there is plenty to do. One of the things we have to do is deal with our financial plan, our budget, and figure out what to do with respect to the debt ceiling. We will be coming back and holding the hearings that I described on the Affordable Care Act and trying to stabilize the exchanges. We will begin to figure out what we ought to do beyond stabilizing the exchanges and do it as Democrats and Republicans working together.

When we passed Social Security, Medicare, the Civil Rights Act, and the GI bill, those were not all Democratic ideas or all Republican ideas. Some of the best work we do is when we work together.

We will also have the opportunity to tackle our Tax Code. We have a tax code that, in some cases, discourages companies, especially larger companies, from staying in the United States and continuing to do business here and employing people here. In some cases, we encourage them to look for other places around the world in which to locate their businesses. We need to make sure we have a tax code that encourages innovation and that encourages companies to expand and grow here. My hope is that we can, especially on the Finance Committee, really focus on that and work with our colleagues, work with the House, and work with the administration.

I am a really optimistic person about most things, but the last time we did comprehensive tax reform in this country was in 1986. At that time, we had Republican President Reagan, who was for it. He had a great Treasury Secretary, Jim Baker, who was for it. Dan Rostenkowski, the chairman of the Ways and Means Committee in the House, was for it. Tip O'Neill, the Democratic Speaker of the House, was for it. We had Bob Packwood and Bill Bradley, a Democrat and a Republican—brilliant people on the Finance Committee. They were for it, and it still took 5 years to do it—really hard stuff.

We need to get serious about it, and we need to get going. My hope is that we will end up being revenue-neutral. We could use some revenues, but I hope it will be revenue-neutral. At the end of the day, I hope that what we do will answer these four questions: Is it fair? Does it foster economic growth? Does it make the Tax Code less complex or more complex? Finally, how does it affect our fiscal situation—our budget situation? My hope is that we can keep those questions in our minds as we formulate tax reform and answer them in an appropriate way.

I see my colleague here with whom I serve on the Finance Committee and on the Environment and Public Works Committee. He is waiting his turn, and I have talked long enough.

I will close where I started, with the words of the late Senator Philip Hart, of Michigan, who was admired by a lot of people here in this body before we came here. He said these words:

I leave as I arrived, understanding clearly the complexity of the world into which we were born and optimistic that if we give it our best shot, we will come close to achieving the goals set for us 200 years ago.

Boy, those words ring true today, don't they?

As we are about to leave, unlike our friend Philip Hart, who left the Senate, those who serve today in the Senate are going to come back in 4 weeks. My hope is that when we come back, we will come back determined to work together. That is what people want us to do. They want us to work together because, if we do, we will get a lot more things done.

My wife and I went to Africa and actually met up there with one of our sons and a friend of his two summers ago in August—2 years ago this August. I learned more about Africa in, actually, a week to 10 days than I had learned in all of my life. One of the things I learned was an African proverb that some of you already know. It goes something like this: If you want to go fast, travel alone. If you want to go far, travel together.

Think about that: If you want to go fast, travel alone. If you want to go far, travel together.

We have tried going it alone, and we have not gotten that far. My hope is that when we come back, we will travel together, and we will go a long, long way and make everyone proud of us.

I say again to my colleagues and the pages and our staffs, thank you for the good work that you have done. It is a pleasure serving with all of you.

I bid you adieu. Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Mississippi.

BENEFIT ACT

Mr. WICKER. Mr. President, my esteemed colleague from Delaware says that we have plenty to do when we get back, and he is, certainly, correct. I would join many of my colleagues today, though, in pointing out that in the last 3 days, we have actually gotten substantial work done. Perhaps we have crammed into 3 days what using the regular order and the filibuster and the motions to proceed might have taken 3 weeks otherwise. So the leadership on both sides of the aisle are to be commended for this burst of progress we have made, and I hope we can continue that when we get back.

Earlier today, this Congress passed a significant piece of legislation offered by the Senator who occupies the Chair, my good friend, Senator JOHNSON of Wisconsin. It is the Right to Try Act, which seeks to streamline the way people who are willing to take a bit of a chance on a drug in order to save their lives—streamline the way they can

have access to perhaps life-enhancing and lifesaving drugs. It is a real achievement. I congratulate my colleague from Wisconsin and congratulate the leadership facilitating this breakthrough.

Moments later, the Senate passed a companion bill authored by Senator KLOBUCHAR and me known as the Better Empowerment Now to Enhance Framework and Improve Treatments Act or the BENEFIT Act. This is another win for patients—patients who deserve to have a voice in the drug approval process. This bill, which is a companion bill to the very important Right to Try Act, will do that.

The BENEFIT Act calls for a simple amendment to the Food, Drug, and Cosmetic Act—one that could make a big difference to patients whose lives may depend on a new therapy or drug. Specifically, the Wicker-Klobuchar bill would require the use of patient experience and patient-focused drug development and related data in assessing the risk versus the benefit of these particular therapies.

The bill also includes information from patient advocacy groups and academic institutions. This is a small but important step forward.

If signed into law—and I certainly hope the House passes it and I hope the President will sign it into law—this bill would greatly enhance the data and information available to FDA when reviewing drugs, when reviewing medical products, and when reviewing therapies. It would also add to the progress Congress has made in recent years, reaffirming the importance of patients' perspectives in drug decisions—decisions that can have a profound and lasting impact on the lives of these patients. Ask any American who suffers from a disease or who is watching a loved one suffer, and they will tell us that all information should be on the table when a breakthrough or a cure is at stake.

Last year, Senator KLOBUCHAR and I joined together to make the FDA's use of patient perspectives more transparent with what we call the Patient-Focused Impact Assessment Act. This was passed and was signed into law as part of the 21st Century Cures Act.

The BENEFIT Act, passed by the Senate today, would keep that momentum going, building on the progress we have made.

Now, what progress have we made? Let me tell my colleagues this. For years, I have sought to find a cure for the devastating, fatal disease known as Duchenne muscular dystrophy. I have worked on this issue since my early years in the House of Representatives. Young boys—almost all males—is whom this affects. These young boys face this fatal disease, and they know better than anyone what a drug can do to improve the quality of their lives.

Since the Congress passed and the President signed the MD-CARE Act dealing with Duchenne muscular dystrophy more than 15 years ago, research has led to innovative therapies