

ultimate price. We honor their legacy, along with police officers across the country who have died in the line of duty.

Here in the Senate, we are also paying tribute to our men and women in blue. I am proud to join my colleagues in sponsoring a Senate resolution that pays tribute to Deputy Allery and the 128 other law enforcement officers killed on duty in 2017. Their dedication to community and the rule of law is characteristic of so many of our policemen and policewomen, without whose efforts our communities would not be the same. In recognition of such efforts, our resolution also honors the service of all law enforcement officers by designating this week, May 13 through 19, as National Police Week.

We want to thank our men and women in blue—those who leave their homes and loved ones each day to protect our communities and heed the call to serve. While we pay special tribute to their service during National Police Week, we are always grateful for their sacrifices on our behalf. We honor them and thank them for heeding the call to serve.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Ms. MURKOWSKI. Mr. President, I am honored to join with my colleagues in honoring the men and women of law enforcement during National Police Week.

This year, it was our colleague Mr. BLUNT, the Senator from Missouri and the leader of our Senate Law Enforcement Caucus, who arranged an opportunity for us to speak on the floor, and I thank him for that.

I wish to commend my colleagues Senators GRASSLEY and FEINSTEIN for putting together the National Police Week Resolution. As of yesterday afternoon, there were 75 cosponsors to this resolution, which is more than we have had previously.

In 2017, the law enforcement community lost 199 of its bravest to line-of-duty incidents. The National Law Enforcement Officers Memorial Fund reports that 53 officers have given their lives in 2018; 28 of those killed by firearms. This is a 56-percent increase over the same period in 2017.

I am very grateful that in Alaska we have not lost an officer in 2018. We are praying that continues and that we don't see any moving forward, but we know, like every other State out there, we are living on borrowed time.

Law enforcement families live on borrowed time. The job is inherently dangerous, and we pray and wish and hope that loved ones return home at

the end of his or her shift. Really, we know there are no guarantees, and there never will be.

The last Alaska officer to give his life to protect ours was Sergeant Allen Brandt. He was with the Fairbanks Police Department. His end of watch was October 28, 2016. Sergeant Brandt was shot multiple times just a couple of weeks before his death. Everyone thought he would survive his injuries. I had an opportunity to speak with him while he was in the hospital with his wife and his best friend. He was released from the hospital. Eight days after the shooting, Allen felt strong enough to actually appear before the Fairbanks City Council in person to thank the community for their outpouring of love and support and the unconditional love they had offered him and his family in the wake of this tragedy. He was very thankful to the community, most certainly, but he also went on to admonish the community. He said:

We need your support, not just when bad things happen. The officers do a hard job and most of the time it's thankless.

Those were truly his famous last words. He went to Anchorage for a second surgery a few days later, and he died on the operating table.

Officer Allen is clearly not forgotten in the Fairbanks community. He lived a hero's life, and his words before the Fairbanks City Council will be long remembered: "We need your support, not just when bad things happen." That has to be the reminder to all of us all of the time—to be there for those who are serving us, to be there to support them.

In an editorial published this morning, the Fairbanks Daily News-Miner offers the following:

With police receiving much negative media attention on the national level, sometimes people forget the vast majority of police officers are good men and women who put their lives on the line. . . . Take time to remember the . . . fallen officers who have given their lives up for their communities. And be sure to thank the police officers you do see for the hard job they do, even if nothing bad has happened lately.

Those were words taken from the Fairbanks Daily News-Miner this morning.

This week, thousands of members of the law enforcement family have come to Washington, DC, for public ceremonies on the Mall and here at the Capitol. There have been private moments visiting lost colleagues at the memorial site. The surviving relatives of the fallen are grieving and recovering at events sponsored by Concerns of Police Survivors. This is a great organization, a vital organization, whose existence is barely known outside of the law enforcement community. I have had several—several—opportunities over the years to work with this extraordinary organization as they have been there for the families who have lost their heroes.

There are ample opportunities this week to thank members of our law en-

forcement family for their sacrifices in public and, certainly, ample opportunities every day of the year to thank our officers in private, starting with our own U.S. Capitol Police who greet us at the door every morning. They remain on post when we leave at the end of very long days. They are here for us day in and day out.

I would just end with an observation. I think the editorial this morning in the Fairbanks paper offers up words of wisdom. As the memories of National Police Week 2018 fade, I hope we will not wait until next May to thank the men and women of law enforcement for their selfless and at times thankless service to our communities.

With that, I thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

#### HEALTHCARE

Ms. COLLINS. Mr. President, I rise today in support of legislation I have introduced with several of my colleagues—Senators MURKOWSKI, BARRASSO, STABENOW, and CASSIDY—that would remove a barrier that prevents patients from getting the most affordable prescription drug prices at the pharmacy counter.

Mr. President, Americans have the right to know which payment method—whether it is using insurance or paying with cash out of pocket—would provide the most savings when they are purchasing prescription drugs. The two bills we have introduced would establish some clarity in this incredibly opaque drug pricing system.

Nearly 60 percent of Americans, including roughly 90 percent of seniors, take at least one prescription drug. In 2016, Americans spent more than \$330 billion, including a staggering \$45 billion out of pocket, on retail prescription drugs. The Federal Government picked up another \$139 billion through Medicare, Medicaid, and other programs.

Prescription drugs amount to nearly 18 percent of all healthcare expenditures and are the second fastest growing expenditure within healthcare. Moreover, two-thirds of personal bankruptcies in our country have been attributed to the cost of medical care, including prescription drugs. To make informed decisions, at the very least, we should have the right to know how much our prescription drugs cost.

At a series of hearings held by the Senate HELP Committee, I have questioned repeatedly one particularly egregious practice that conceals prices from patients at the pharmacy counter. This practice is the result of what are known as "pharmacy gag clauses." These are contract terms

that prohibit pharmacists from proactively telling consumers if their prescription would actually cost less if they paid for it themselves rather than using their insurance plan. In other words, if the consumer is using insurance, pharmacists can actually be prohibited from disclosing whether the consumer is paying the lowest possible price. In fact, the pharmacist is prohibited from sharing this vital information unless the consumer explicitly asks.

Most consumers would never guess that it would be cheaper for them to pay out of pocket than to use their insurance plan to purchase the medicine they need. Insurance is intended to save consumers money in this situation, but that is not always the case. Gag clauses in contracts that prohibit pharmacists from telling patients how to obtain best prices obscure what the true cost of the drug could be and the fact that it could be lower than what the patient is paying. Several recent investigations, including by the New York Times and NBC News, have highlighted this unacceptable practice. For example, a consumer paid a copay of \$43 for a cholesterol drug; however, had that same consumer paid cash rather than using his insurance, the cost would have been only \$19. Another investigation told the story of a consumer who used insurance to pay \$129 for a drug when the cost would have been just \$18 had he paid out of pocket.

From Maine to California, the stories are endless. And this practice is not an outlier issue. According to a survey by the National Community Pharmacists Association, more than 50 percent of community pharmacists reported that gag clause restrictions prevented them from telling patients about other less expensive options, such as paying in cash, at least 10 times in the past month.

Recently, I was at the pharmacy counter at a grocery store in Maine, and the couple in front of me decided not to take the prescription they needed because the copay of \$111 was more than they could afford. I could not help but wonder: If they hadn't used their insurance, would they have been able to purchase that drug at a lower price? It is so counterintuitive that very few consumers are going to think to ask the pharmacist that question.

I first learned about these gag clauses from pharmacists in Maine who were frustrated that they were prohibited from providing their patients with information on the most cost-effective way for them to purchase the medication they had been prescribed. Pharmacists are barred from speaking up, and those who do face penalties for doing so. Pharmacists are on the frontlines in helping patients manage multiple medications, and they would also like to help ensure that their patients are getting the best, most affordable price.

The first bill we have introduced, the Patient Right to Know Drug Prices

Act, which is S. 2554—which I have co-sponsored with the four Senators I mentioned, Senators MCCASKILL, BARRASSO, STABENOW, and CASSIDY—would prohibit pharmacy gag clauses in healthcare plans that are sold on the exchange and in group plans as well. The second bill, the Know the Lowest Price Act, which is S. 2553—which I am a lead cosponsor on with Senator STABENOW—would ban these clauses in Medicare Part D and Medicare Advantage plans.

Specifically, both bills would prohibit health insurance plans and any pharmacy benefit managers with whom they contract from restricting the ability of a pharmacist to provide a plan enrollee with information about any price difference that may exist between the price of the drug under the insurance plan and the price of the drug purchased out of pocket. Our bills would also prohibit penalties from being imposed on any pharmacist who shares such vital and valuable information.

Some States have already taken action to combat this problem. For example, the State of Maine enacted a law last year that prohibits charging an insurance enrollee a copayment or other charge that is higher than the cost of the drug to the pharmacy provider. The Maine law also protects pharmacists who disclose information related to out-of-pocket costs from being penalized by insurance companies or PPMs under gag clauses. These are commonsense solutions.

In announcing his drug pricing plan last week, the President, I am pleased to say, stated his intent to ban any gag clauses that would apply to pharmacies. While the administration can take some steps administratively to curb this practice, the enactment of our two bills would ensure that this protection for pharmacists and for patients is required under law.

As consumers continue to face skyrocketing prescription drug prices, we ought to do all we can to ensure that Americans are getting the best prices possible. As Congress looks at innovative ways to bring down prices and to increase transparency throughout the healthcare system, our bills tackle an overlooked issue that directly affects consumers and pharmacies across our country.

Our legislation has already received strong endorsements from more than a dozen organizations, including Patients for Affordable Drugs, the American Pharmacists Association, the Pharmaceutical Care Management Association, and other groups, ranging from the Arthritis Foundation to the AIDS Institute.

I ask unanimous consent that these letters and statements be printed in the RECORD at the conclusion of my remarks.

It is only logical that pharmacists want to be able to provide their customers with information that will help them afford the medications they have been prescribed. It is absolutely unac-

ceptable for pharmacists in this country to be banned, under gag clauses, from providing that invaluable information to patients, particularly those who may be struggling with the cost of prescription drugs.

I urge my colleagues to support banning pharmacy gag clauses and the passage of both S. 2554 and S. 2553.

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

PATIENTS FOR  
AFFORDABLE DRUGS NOW,  
April 2, 2018.

Hon. Senator SUSAN COLLINS,  
Washington, DC.  
Hon. Senator CLAIRE MCCASKILL,  
Washington, DC.  
Hon. Senator DEBBIE STABENOW,  
Washington, DC.  
Hon. Senator JOHN BARRASSO,  
Washington, DC.  
Hon. Senator BILL CASSIDY,  
Washington, DC.  
Hon. Senator RON WYDEN,  
Washington, DC.

DEAR SENATORS COLLINS, MCCASKILL, STABENOW, BARRASSO, CASSIDY, AND WYDEN: As an organization that represents patients hurt by high prescription drug prices, Patients For Affordable Drugs NOW is acutely aware of the importance of patient access to information on drug prices. Today we are writing to endorse The Patient Right to Know Drug Prices Act (S. 2554) and The Know the Lowest Price Act (S. 2553).

Pharmacy Benefit Managers (PBM) often write contracts that prevent local pharmacists from communicating with patients openly about the prices of drugs. PBMs are a black box in the drug distribution pipeline, and these contracts extend their lack of transparency into our community pharmacies.

Patients For Affordable Drugs NOW has heard from patients all over the country who are cutting pills in half, skipping doses, and going without food to pay for their drugs. It's wrong. At the very least these patients deserve to understand where their costs come from and how to find the best price for the drugs they need. Your leadership on this issue is greatly appreciated, and these bills are a step toward giving patients the information they deserve.

Patients For Affordable Drugs NOW strongly supports S. 2554 and S. 2553 and urges Congress to move quickly in passing them.

Sincerely,  
DAVID MITCHELL,  
Founder,  
Patients For Affordable Drugs NOW.

AMERICAN PHARMACISTS ASSOCIATION,  
March 22, 2018.

Hon. SUSAN COLLINS,  
Washington, DC.  
Hon. CLAIRE MCCASKILL,  
Washington, DC.

DEAR SENATORS COLLINS AND MCCASKILL: On behalf of the American Pharmacists Association (APhA), and our 64,000 members, I am pleased to announce our support for the Patient Right to Know Drug Prices Act, S. 2554—legislation to permanently remove a significant barrier imposed on pharmacists from pharmaceutical benefit managers' (PBMs) use of "gag clauses" in contracts. APhA appreciates your efforts to increase patients' access to more affordable and cost-effective medicines by empowering pharmacists to inform patients that a medication may be less expensive if purchased at the "cash price," rather than through their insurance plan. For years pharmacists have

been frustrated by their inability to help their patients who they knew were struggling with high co-payments.

APhA, founded in 1852 as the American Pharmaceutical Association, represents pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, physicians' offices, hospitals, long-term care facilities, community health centers, managed care organizations, hospice settings and the uniformed services.

America's 300,000 pharmacists are the health care professionals most often at the front lines of informing patients about their medication costs or copay amounts and explaining complicated insurance coverage policies. However, under many contracts with PBMs, pharmacists cannot inform patients that a medicine is less expensive if they pay the cash price and do not run it through their health plans.

Thank you for your efforts in removing this barrier on pharmacists—the medication expert on the patient's health care team—to assist patients in receiving the affordable medications they need. APhA is committed to working collaboratively with you and other stakeholders to improve the accessibility and affordability of effective medications. If you have any questions or require additional information, please contact Alicia Kerry J. Mica, Senior Lobbyist, Government Affairs.

Sincerely,

THOMAS E. MENIGHAN,  
BSPHarm, MBA, ScD (Hon), FAPhA,  
Executive Vice President and CEO.

[From PCMA, March 15, 2018]

PCMA RESPONDS TO "PATIENT RIGHT TO KNOW DRUG PRICES ACT"

WASHINGTON, DC.—The Pharmaceutical Care Management Association (PCMA) released the following statement on legislation, the "Patient Right to Know Drug Prices Act," introduced today in the Senate: "We support the patient always paying the lowest cost at the pharmacy counter, whether its the cash price or the copay. This is standard industry practice in both Medicare and the commercial sector.

We would oppose contracting that prohibits drugstores from sharing with patients the cash price they charge for each drug. These rates are set entirely at the discretion of each pharmacy and can vary significantly from drugstore to drugstore.

Fortunately: to the degree this issue was ever rooted in more than anecdotal information, it has been addressed in the marketplace."

APRIL 16, 2018.

Hon. SUSAN COLLINS,

U.S. Senate,  
Washington, DC.

Hon. JOHN BARRASSO,

U.S. Senate,  
Washington, DC.

Hon. DEBBIE STABENOW,

U.S. Senate,  
Washington, DC.

Hon. CLAIRE MCCASKILL,

U.S. Senate,  
Washington, DC.

Hon. BILL CASSIDY,

U.S. Senate,  
Washington, DC.

DEAR SENATORS COLLINS, MCCASKILL, BARRASSO, CASSIDY, AND STABENOW: On behalf of the patient and provider organizations listed below, all of which are members of the Coalition for Accessible Treatments, we write in

support of the bipartisan Patient Right to Know Drug Prices Act (S. 2554), which would prohibit health plans offered through the exchanges or by private employers from using so-called gag clauses that can be used to prohibit the disclosure of pricing options to patients.

We are also supportive of legislation you introduced with Senator Wyden, the Know the Lowest Price Act (S. 2553). The bill would similarly afford protections for patients enrolled in Medicare Advantage plans and Medicare Prescription Drug Plans.

As you know, some pharmacists are required to sign "gag orders," which typically apply to generics and prevent the patient from making the cheaper choice of paying out-of-pocket rather than paying a higher co-payment. In fact, in some cases if a patient were to pay the cash price, they would pay less for their medication than if they used their health insurance. However, a pharmacist that has signed a gag order would be prohibited from informing a patient of this option.

Research published earlier this month in the Journal of the American Medical Association found that overpayments affected 23 percent of prescriptions filled out of the nearly 10 million claims that were evaluated. The study also calculated that these overpayments totaled \$135 million in 2013.

Thank you for your leadership. It is critical that patients are made aware of payment options at the pharmacy counter and understand whether utilizing insurance or paying out-of-pocket would provide the most savings to purchase needed medication. We look forward to working with you on these and other important access issues affecting patients with chronic diseases.

Sincerely,

The AIDS Institute, American Academy of Dermatology Association, American Academy of Neurology, American Autoimmune Related Diseases Association, American College of Rheumatology, Arthritis Foundation, Hematology/Oncology Pharmacy Association, Leukemia & Lymphoma Society, Lupus and Allied Diseases Association, Inc., National Psoriasis Foundation, Sjögren's Syndrome Foundation.

CVS HEALTH,

Woonsocket, RI, March 15, 2018.

CVS HEALTH APPLAUDS NEW LEGISLATION TO BETTER INFORM PHARMACY CHOICES

BIPARTISAN "PATIENT RIGHT TO KNOW DRUG PRICES ACT" AND "KNOW THE LOWEST PRICE ACT OF 2018" INTRODUCED IN THE U.S. SENATE

WOONSOCKET, R.I., March 15, 2018—CVS Health (NYSE: CVS) today released the following statement regarding the "Patient Right to Know Drug Prices Act," introduced by U.S. Senators Collins, McCaskill, Barrasso, Stabenow and Cassidy and the "Know the Lowest Price Act of 2018," introduced by U.S. Senators Stabenow, Collins, Wyden, Cassidy, McCaskill and Barrasso. These bills prevent companies from instituting contract provisions, known as "gag clauses," which prohibit pharmacists from informing patients if the cash price of a prescription is lower than the cost the patient would pay using their health insurance.

"CVS Health applauds the introduction of the "Patient Right to Know Drug Prices Act," and the "Know the Lowest Price Act of 2018," which will help ensure all consumers can make informed decisions about their prescription drug costs at the pharmacy counter. CVS Health's own pharmacy benefit manager, CVS Caremark, does not engage in the practice of preventing pharmacists from informing patients of the cash price of a prescription drug, known as "gag clauses." Ac-

tually, our contracts with all dispensing pharmacies in our network require that CVS Caremark members always get the benefit of at least the lower of the pharmacy's cash price and the plan's copay. If a CVS Caremark plan member's copay for a drug is greater than the dispensing pharmacy's contracted rate, it is not our practice to collect that difference from the pharmacy. We are pleased to see these bills align the industry to these consumer best practices and applaud Senators Collins, Stabenow, Wyden, McCaskill, Barrasso, and Cassidy for their leadership."

[From CISION PR NEWSWIRE, Mar. 16, 2018]

EXPRESS SCRIPTS ENDORSES "KNOW THE LOWEST PRICE ACT OF 2018" AND "PATIENT RIGHT TO KNOW DRUG PRICES ACT"

(By Express Scripts)

ST. LOUIS, March 16, 2018 (PRNewswire/—Express Scripts (NASDAQ: ESRX) today released this statement in support of S. 2553, the "Know the Lowest Price Act of 2018," introduced by U.S. Senators Stabenow, Collins, Wyden, Cassidy, McCaskill and Barrasso, and S. 2554, the "Patient Right to Know Drug Prices Act," introduced by U.S. Senators Collins, McCaskill, Barrasso, Stabenow and Cassidy.

Express Scripts is against clawbacks and gag clauses, anti-patient practices that have been used by other pharmacy benefit managers.

"Express Scripts has long supported the goals of S. 2553 and S. 2554, and we have worked with state lawmakers across the country to prohibit the anti-consumer practice of so-called "gag clauses." We applaud the Senators for leading on this important issue. Since we are already in compliance, we are prepared for an effective date of today.

"Drug makers want plan sponsors and patients to think that pharmacy benefit managers gain from this anti-consumer practice, which is clearly not the case. We encourage swift consideration of S. 2553 and S. 2554 so lawmakers can focus on the real issue—high drug prices set by manufacturers."

As part of its mission to put medicine within reach of patients, Express Scripts believes its members should pay the lowest cost possible, and be informed about the out of pocket cost of their medication in advance of filling a prescription. We provide members real-time pricing information, customized to their individual plans, via our website and mobile app. Moreover, pharmacies in our retail network are not permitted to charge a member more for their copay under their benefit than the pharmacy's cash price.

While there is never an instance where a pharmacist or pharmacy would need to tell an Express Scripts member about a lower cost by paying cash because the claim would process at the lower cost, we agree that so-called "gag clauses" are not in patients' best interest. Therefore, they are not part of our retail network agreements.

More information on this issue can be found at: <http://lab.express-scripts.com/lab/insights/drug-options/keeping-copays-affordable>.

Ms. COLLINS. I yield the floor.

The PRESIDING OFFICER (Mr. FLAKE). The Senator from Indiana.

Mr. DONNELLY. Mr. President, I commend my friend and colleague from Maine who has been such an extraordinary leader on these issues. She is the chairwoman of our Aging Committee. We recently had a hearing on how we can do better on pricing for insulin diabetes products. She is tireless,

and we are very grateful for her hard work.

#### PENSIONS

Mr. President, over the next hour, we will hear from a group of Senators speaking in support of the hundreds of thousands of workers and retirees across the country at risk of losing their pensions. We are here, once again, calling on Congress to enact pension legislation before it is too late.

I thank Senator BALDWIN for helping me organize this block of floor speeches, and I thank Senators HEITKAMP, MANCHIN, KLOBUCHAR, CASEY, and PETERS for their participation today and for their years of hard work in search of a solution. I also want to recognize my friend and colleague Senator BROWN for his tireless leadership on this issue.

If we don't act soon, in my home State of Indiana, nearly 22,000 Teamsters and 2,700 mine workers could face significant pension cuts—and they are not alone. There are nearly 150 multi-employer pension plans listed by the U.S. Department of Labor as in "critical or endangered status." The failure of those plans would likely lead to the collapse of the Federal pension insurance program—the PBGC—the Pension Benefit Guaranty Corporation.

Over the last several years I, along with a number of my colleagues, have been calling on the Senate to take action. I helped introduce the Butch Lewis Act, which puts pension plans on solid footing through a new financing option. I also helped introduce the Miners Pension Protection Act, which would ensure the solvency of the United Mine Workers of America pension plan.

I met with Hoosier pension beneficiaries countless times to hear their stories, including hundreds of Teamsters at Local 135 in Indianapolis and dozens of mineworkers in Oakland City. Additionally, I have hosted bipartisan meetings and spoken with the current and previous administrations to push for action now.

Though I wish legislation had already been enacted, Congress did create a joint select committee earlier this year to hopefully craft a legislative solution by the end of the year. That is why I am here—to continue shining a light on this important issue and to push for a solution.

This issue has significant, real-life implications for the thousands of Hoosiers who are affected by it. Don't take my word for it; listen to the heartfelt words of my constituents.

Rex and Cristine in Fort Wayne, IN, wrote:

We both worked really hard for a combined number of 48 years . . . and now to be faced with the possibility of elimination or reduction of our pensions—through no fault of our own—would severely impact our peace of mind and quality of life. . . . A promise is a promise and we, as retirees, need these promises to be honored.

Randy, who is a retiree and Teamster since 1972 in Fort Wayne, IN, wrote:

My entire working career . . . I was promised what I would earn from my pension. . . . Now I am sixty-five years old and have health issues. . . . I need your help to pass the Butch Lewis Act of 2017 . . . that way we can all live the rest of our years with dignity and respect without becoming a burden on anyone.

Steven is a marine veteran from Columbia City, IN. He served from 1971 through 1974. He wrote:

Without my pension, Social Security is my only income. We are not asking for a hand out, only what most of us worked 30 years for. We earned our pension and as a member of Central States Pension fund, the government was already watching over our fund. What happened? Not many of us have anything else to live on. I am 66 years old and cannot replace a lost pension.

Elizabeth, from Fort Wayne, IN, wrote:

My husband and I are both drawing a pension from Central States. Together we worked 45 years without employer contribution to the pension fund. During this time we sacrificed a large amount in hourly wage so our company could contribute to our pension. Since retiring my husband suffered a heart attack and had two knee surgeries. It would be very difficult for him to find work that would replace the lost income if we no longer have our pensions.

Russel from Yoder, IN, wrote:

Without my pension, it will become much more difficult to buy groceries, pay for our medicine . . . my wife and I are both 81 years old. I paid into the pension fund for 41 years and I ask you to protect your constituents by urging the leadership to include the Butch Lewis Act in the agenda.

David, who is also from Fort Wayne, wrote:

We planned on having this pension for 30 years. All those years I worked hard, paid my dues . . . I thought I would be able to secure my family's ability to relax and enjoy retirement and not have to worry about pennies spent . . . this is not cheap and cuts into our Social Security. Our pension helps absorb these added costs for our household money and is not extra money.

Nelson, who is from Andrews, IN, wrote:

I started driving a truck in 1957 and since that time I've driven well over 3.2 million accident-free miles. . . . Now, my wife and I . . . rely on my pension for basic living expenses and to cover medical expenses. If my pension is cut, we'll be unable to make ends meet. We urgently need your help to protect my pension.

Rex and Cristine, Randy, Steven, Elizabeth, Russell, David and Nelson all earned their pensions, and they are just a small representation of the thousands of working families—and everyone has their own story—who are depending on us to do our job and act. They don't want a handout. That is not the American way. That is not the Hoosier way. They did their part. Now it is time for us to help make good on what they were promised.

They don't care about politics. They don't want anything to do with partisanship. They just want us to fix this. That is part of why we were sent here—to solve problems—and it is time to solve this problem now.

Let's reach a solution that allows American workers to retire with the fi-

nancial security they expected and the financial security they earned.

Thank you.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I rise on behalf of the more than 25,000 workers and retirees in Wisconsin who have paid into the Central States Pension Fund.

If Washington does not act, workers and retirees face massive cuts to the pensions they have earned over decades of work. If Washington does not act, small businesses will be on the hook for a pension liability they cannot afford.

I have been proud to work side by side with Wisconsin workers and retirees and with Senator BROWN, who introduced the Butch Lewis Act, and I have been proud to work with Senator DONNELLY and others to organize this afternoon's opportunity to share the stories of the hard-working people and retirees we represent.

The bill—the Butch Lewis Act—will put failing multiemployer pension plans, including Central States, back on solid ground, and it does so without cutting a single cent from the pension retirees have earned.

I have also introduced legislation to help shore up the government's insurance plan for these pensions. Earlier this year, I shared the stories of Wisconsin retirees who stand to lose more than 50 percent of their pensions if Washington does not act. Since then, nothing has been done. I am here once again to remind my colleagues that this is about a promise that must be kept.

This is about a promise made to Gary, from Marshfield, WI. Gary told me:

We recently got custody of our great grandson, and raising an 8 year old is expensive, more expensive than when our kids were young. If my pension gets cut, it would definitely affect our family.

I relate to Gary's comments because I was raised by my grandparents. I can't imagine raising a great-grandchild. So thank you for doing that. Also, yes, it does cost money, and you need to have the stability of keeping the promises that you were given when you enrolled in Central States Pension.

This is about a promise made to Diane and her husband, from Luxemburg, WI. Diane wrote to tell me:

If my husband loses his pension, we could lose our house. My husband has been through polio, cancer, a knee replacement—and he needs another. He worked hard all his life lifting thousands of pounds every day in a grocery warehouse. We paid into a pension expecting to have a comfortable life in retirement—and now it's at risk of being lost.

This is about a promise we made to Michael, from De Pere, WI, a Vietnam veteran. For over 30 years, Michael was a driver at a local construction business. His wife is a retired nurse. They both worked long hours and are now at the age where finding a new job is not an option. Michael told me: