

Yes, we need to invest in innovative solutions and encourage the private sector to continue prioritizing reliable, affordable, and environmentally sound energy sources.

When you implement government policies that get government out of the way and let the experts do their jobs, you can be pro-energy, pro-innovation, pro-growth, and pro-environment. I will soon be introducing some legislation that I think will help us move down that road. We know the United States leads the world in emissions reduction, and this bill will build on that success without a one-size-fits-all mandate that would bankrupt our country.

DEBBIE SMITH ACT

Mr. President, on another topic, as I highlighted earlier this week, the Senate has unanimously passed the Debbie Smith Act of 2019, which would provide critical resources for law enforcement to test rape kits, prosecute criminals, and deliver justice for victims. This was a major bipartisan achievement, and I look forward to working with our House colleagues to get this legislation to the President's desk as soon as possible.

But there is more we need to do to assist victims of violence and sexual assault. For example, today I am filing the Help End Abusive Living Situations—or HEALS—Act, which will provide domestic violence survivors with expanded access to transitional housing. This will help these victims permanently leave their abusers, rebuild their lives, and begin a long-term healing process.

Even more pressing, folks on both sides of the aisle agree that we need to reauthorize and strengthen the Violence Against Women Act, also known as VAWA. It is something I strongly support and an issue our friend and colleague Senator ERNST continues to champion here in the Senate.

Republicans and Democrats say we must do more to provide services for victims of domestic violence and sexual assault, and while we certainly had some disagreements on the way to do that, there is no question that VAWA has traditionally been a bipartisan commitment. That is why I was so shocked earlier this year when House Democrats blocked the Republican effort to reauthorize this critical law before it lapsed last February.

The current violence against women law lapsed in February because House Democrats refused to allow us to extend it. Why would they do that? If they claim to be supportive of efforts to protect women and others from violence and assault, why would they let the very law that authorizes the various programs Congress has paid for in the past—why would they let that lapse? Well, sadly, this is where politics rears its ugly head.

We were seeking a short-term reauthorization of the existing Violence Against Women Act so bipartisan negotiations could continue on a long-term update and extension of the law, but

House Democrats recklessly blocked this reauthorization of VAWA because they were seeking to add controversial provisions that should never be a part of a consensus bill—certainly not one that enjoys broad bipartisan support.

In the face of this political jockeying by House Democrats, I am proud to say that the Appropriations Committee did the right thing: It continued to fully fund all Violence Against Women Act programs through the remainder of this fiscal year. So this means that House Democrats, when they tried to kill VAWA by refusing to reauthorize it, actually failed to accomplish their goal if their goal was to deny women and other victims of violence the critical funding needed for these programs.

Despite the efforts they undertook to let VAWA expire, critical domestic violence and sexual assault prevention programs will continue to receive full Federal funding until we can reach a bipartisan consensus agreement and update the law. So good for the Appropriations Committee for making that happen, but my point is that VAWA should never be used as a political plaything or pawn.

I am somewhat encouraged by ongoing, bipartisan negotiations here in the Senate, and I commend Senator ERNST for her commitment to this effort and look forward to supporting a long-term extension of VAWA that is done in the right way—through negotiation and agreement, not political gamesmanship. That is the wrong way to do things. We know better—if people will simply stop the political posturing and political games and do the work the American people sent us here to do.

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

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

PRESCRIPTION DRUG COSTS

Mr. GRASSLEY. Mr. President, I am here to discuss with my colleagues issues dealing with the work of the Senate Finance Committee and possible legislation that hopefully will come up this summer to keep healthcare costs down, particularly prescription drugs.

In the process of doing that, I want to set the record straight on an issue that affects every American who is eligible for Medicare. More specifically, I am here to talk about efforts to reduce the rising cost of prescription medicine.

Prescription drugs save lives. Millions of Americans like myself wake up every morning and take their daily medication, but there is something that has become a very tough pill to swallow for an increasing number of Americans, and that is paying for the rising cost of prescription drugs.

I applaud President Trump for turning up the volume on this issue last summer. That is when the President announced his administration's blueprint to lower drug costs for all Americans. He found out—and we all found out—that is a goal that has widespread support that includes Republicans and Democrats, as well as urban and rural Americans.

Of course, the President can only do so much—whatever law passed by Congress allows the President to do and that doesn't solve all the issues. So even though I applaud the President, that doesn't mean I exclude in any way the responsibility of Congress to take action.

There are many good ideas to build upon that share broad, bipartisan, bicameral support. There is one policy, however, that some Members are talking about that I don't agree with, and that is repealing what is the noninterference clause in Medicare Part D. I would like to explain why Congress kept the government out of the business of negotiating drug prices in the Medicare program. Some 16 years ago, when I was formerly chairman of the Finance Committee, I was a principal architect of the Medicare Part D program.

For the first time ever, Congress, in 2003, added an outpatient prescription drug benefit to the Medicare program. Maybe I ought to explain for my colleagues why it took between 1965 and 2003 to include drug benefits in the Medicare program. Remember, in 1965, prescription drugs or drugs generally didn't play a very big role in the delivery of medicine like they do today, but over time, they have become more important.

That is why great support at the grassroots, both bipartisan and bicameral, evolved into what we call the Medicare Part D program, adopted in that year, 2003. So we came to the conclusion that adding the prescription drug benefits for seniors was the right thing to do, but it needed to be done in the right way—right for seniors and right for the American taxpayers. By that, I mean allowing the forces of free enterprise and competition to drive costs down and drive value up.

For the first time ever, Medicare recipients in every State had the voluntary decision to choose a prescription drug plan that fit their pocketbooks and their healthcare needs.

The Part D program has worked. Beneficiary enrollment and satisfaction are robust. The Part D marketplace offers consumers better choice, better coverage, and better value; yet here we are again. It has been 13 years since Part D was implemented, and once again, I am hearing the same calls to put the government back into the driver's seat of making decisions on what you can take in the way of pills or what your doctor might be able to prescribe to you based upon what a formulary might be. We want the private sector to decide the formulary, not the

government. So these people happen to be the same backseat drivers who think that centralized government knows everything and knows best.

As the Senator who, once again, chairs the committee with jurisdiction over Medicare policy, I am not going to let Congress unravel what is right about Medicare Part D. Remember, I was a Republican leading the charge to add a new benefit to a government program. A lot of people think that is very uncharacteristic of a Republican, but I told you why I did that: because medicine was becoming an increasing part of the delivery of quality healthcare. So you heard me correctly, I was a Republican chairman working with my Democratic ranking member, Max Baucus, to accomplish Part D. We negotiated an agreement to add prescription drug coverage for seniors.

For me and other Republicans—namely President George W. Bush—there were a few key caveats. First, it must be voluntary. Second, beneficiaries would share the cost with the taxpayer because having skin in the game keeps check on spending and on utilization. Third, we must allow competition—not government mandates—to drive innovation, curb costs, expand coverage, and improve outcomes. It wouldn't work if the Federal Government interfered with delivery of medicine and dictate which drugs would and would not be covered. That is why we wrote a noninterference clause in the law.

My friend, Senator WYDEN, the current Democratic ranking member of the Finance Committee, voted for final passage in 2003. By the way, we are having very good bipartisan cooperation in our Finance Committee on, hopefully, legislation to be debated in our committee in June in regard to lowering drug costs.

The noninterference provision expressly prohibits Medicare from, one, negotiating drug prices; two, setting drug prices; and, three, establishing a one-size-fits-all list of covered drugs. That list is called a formulary. I remember that many of my friends on the other side of the aisle voted for this policy; yet some are now pushing for repeal of that provision.

Here is a list of Democrat leaders who supported and voted to ban Medicare from negotiating drug prices: when he was in the Senate, Senator Biden; Senator Kennedy; Senator Baucus; Senator Reid, the former majority leader; Senator SCHUMER now in the Senate; LEAHY; DURBIN; STABENOW; CANTWELL. On the other side of the Capitol, the list included Speaker PELOSI and chairman of the Ways and Means Committee, Chairman NEAL.

There is something else that I have learned in all my years talking healthcare policy with Iowans at my annual 99 county meetings where I enjoy a Q and A with whatever agenda my constituents call upon me to discuss with them.

At the end of the day, Iowans don't want the government prescribing life-

saving medications. Iowans want to make those decisions with a physician who is treating them. Last year, 43 million out of 60 million Medicare recipients were enrolled in the Medicare Part D program. That is the vast majority of Medicare beneficiaries nationwide that don't have coverage through a past employer or similar coverage from another source.

Plan sponsors design different plan choices and compete for beneficiaries based on what those plans cover and what they cost. Beneficiaries can pick from many options, with over 3,000 plans offered across 34 geographic areas. In other words, you don't have one plan dictated by the government. Most beneficiaries were covered by a prescription drug plan, and a growing number were covered by a Medicare advantage prescription drug plan.

The Part D base premium amount is low and has remained stable over many years. Looking back to our negotiations in 2003 to get this bill to the President of the United States, we wondered how high these premiums would go, and we were fearful they would just go out of the atmosphere and that they would not be stable like they have been over a long period of time. So the noninterference clause ensures that plan sponsors create plan options that respond to what the beneficiaries—not the government—says it should be.

The nonpartisan congressional scorekeeper, the Congressional Budget Office, has repeatedly stated that repealing this noninterference clause would not save money, unless there was a restricted formulary. As I stated, we wrote this bill in 2003 so the government wouldn't get between you and your doctor on what you ought to have in the way of prescription drugs. So in regard to the cost, I asked CBO to update, and they did. CBO sent me a letter stating the same thing.

Mr. President, I ask unanimous consent to have printed in the RECORD the May 10, 2019, letter from the CBO.

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

U.S. SENATE,
COMMITTEE ON FINANCE,
Washington, DC, May 10, 2019.

KEITH HALL, Ph.D.,
Director, Congressional Budget Office,
U.S. Congress, Washington, DC.

DEAR DR. HALL: As an author of the Medicare Part D program enacted in the Medicare Modernization Act of 2003, I support the statutory provision that prohibits the Secretary of the Department of Health and Human Services (HHS) from interfering with negotiations between drug manufacturers, pharmacies, and plan sponsors. The Part D program structure that uses private entities to negotiate and compete to enroll beneficiaries has worked. Program spending has been lower than estimated at the time the program was enacted. Beneficiary enrollment has been robust, and enrollee premiums have remained low and stable. Enrollees are largely satisfied with their plan. The statutory "non-interference" clause is a key reason for the program's success.

While the Part D program has provided beneficiaries with a crucial lifeline through access to prescription medications, improvements are needed to lower high out-of-pocket costs and to realize better value for the taxpayer-supported Medicare program. Some have suggested that allowing the Secretary to negotiate for the price of drugs will achieve those aims. I believe that talk of eliminating the non-interference clause is misguided and counterproductive. I ask that you answer the questions below as to inform the policy debate on this matter.

If the Secretary was given authority to negotiate by Congress and used that authority, would it be possible to obtain savings in Medicare?

Could negotiating by the Secretary over drug prices obtain savings for the Medicare program if those negotiations were limited to selective instances?

Thank you for your attention to the Part D program that has benefited millions of Medicare beneficiaries. Please contact my staff if you have questions.

Sincerely,

CHARLES E. GRASSLEY,
Chairman.

CONGRESSIONAL BUDGET OFFICE,
U.S. CONGRESS,
Washington, DC, May 17, 2019.

Re: Negotiation Over Drug Prices in Medicare.

Hon. CHUCK GRASSLEY,
Chairman, Committee on Finance,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: You asked for updated answers to two questions that CBO addressed in a letter to Senator Wyden in 2007. Those questions relate to the Medicare Part D prescription drug benefit and options for allowing the Secretary of Health and Human Services to negotiate over the prices paid for drugs under that benefit. Under current law, the Secretary is prohibited both from interfering in the negotiations between drug manufacturers and the prescription drug plans (PDPs) that deliver the Medicare benefit and from requiring a particular formulary or instituting a price structure for the reimbursement of covered drugs.

The questions and the key conclusions from CBO's response in 2007 are below. CBO continues to stand by those conclusions.

If the Secretary was given authority to negotiate by Congress and used that authority, would it be possible to obtain savings in Medicare?

The key factor in determining whether negotiations would lead to price reductions is the leverage that the Secretary would have to secure larger price concessions from drug manufacturers than competing PDPs currently obtain. Negotiation is likely to be effective only if it is accompanied by some source of pressure on drug manufacturers to secure price concessions. For example, authority to establish a formulary could be a source of pressure. In the absence of such pressure, the Secretary's ability to issue credible threats or take other actions in an effort to obtain significant discounts would be limited. Thus, CBO concluded that providing broad negotiating authority by itself would likely have a negligible effect on federal spending.

Could negotiating by the Secretary over drug prices obtain savings for the Medicare program if those negotiations were limited to selective instances?

The authority to engage in negotiations limited to a few selected drugs or types of drugs under exceptional circumstances could potentially generate cost savings. For example, negotiations could be focused on drugs with no close substitutes or those with relatively high prices under Medicare that are needed to address a public health emergency.

In such cases, CBO expects that the effect of the Secretary's actions—if he or she took advantage of the new authority—would primarily reflect the use of the “bully pulpit” to pressure drug manufacturers into reducing prices. Thus, CBO concluded that the overall impact on federal spending from negotiations targeted at selected drugs would be modest. Beyond that general conclusion, the precise effect of any specific proposal would depend importantly on its details.

If you would like further information on this subject, we would be happy to provide it. The CBO staff contact is Tom Bradley.

Sincerely,

KEITH HALL,
Director.

Mr. GRASSLEY. Mr. President, repealing the noninterference clause means a restricted formulary, which places limits on the drugs that are available to seniors, maybe excluding some drugs that your doctor wants to prescribe for you. I don't believe that Medicare beneficiaries want the government interfering in that process.

Then, as policymakers, we must keep in mind that we are making decisions that affect healthcare choices for the people whom we are elected to represent.

Let's all remember to first do no harm. Repealing the noninterference clause may sound good, but not even a spoonful of sugar will help that bad dose of policy medicine go down.

I come to the floor today to hope that I can put this issue to rest and, as we try to work in a bicameral and bipartisan way to reduce drug costs, that we don't get held up by people who want to do something different by having the government more involved, when it isn't going to save any money and will restrict formularies. It will get the government between you and your doctor.

In other words, I am trying to save Part D. It has been a great success. It is accepted by the people. Let's keep drug costs down without having this issue interfere with our process.

We need to preserve the foundation of private enterprise on which Part D is based—in other words, the marketplace working. We need to get to the real work of reducing prescription drug costs.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. ROMNEY). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

FLOODING IN OKLAHOMA

Mr. LANKFORD. Mr. President, just to give the Senate body a quick update of what is happening in my State right now, we have had some pretty dramatic flooding and over 15 tornadoes in the last 48 hours across the State. Thankfully, most of those tornadoes hit in open areas. They did not hit structures. There have been some

structures that have been damaged, but the flooding has been far worse than the tornadoes and the high winds.

Just 2 nights ago, in one of our counties, Osage County, we had severe flash flooding, where from 10 p.m. to 2:30 in the morning, over 100 different homes had to be evacuated in the middle of the night. Many of those folks had law enforcement, firefighters, and first responders arriving at their home with a boat or with a truck to get them out, literally, in their pajamas so they could escape. Many of those homes have 4 to 6 feet of water in them now.

It has been intense for those folks who are in the area. In fact, it is interesting. The director of emergency management for that area spent the entire night saving homes and helping people get out. When dawn broke and they knew they had gotten everyone out, he headed back to his own house only to find out he could no longer get to his home anymore because of the floodwaters.

We have had folks all over the State, whether that be in Perry, where we had two homes that were destroyed in a tornado that night that, thankfully, did not hit the center of town. We had other spots, like around Eufaula, where we had some serious flooding; Stillwater, where there has been flooding. In Dale we had a very dangerous overnight tornado that came in, literally, while everyone was sleeping. There are pockets of folks who are there who have been affected by this, literally, all over the State.

For the department of transportation folks, for the folks in our police and fire departments, for the emergency management individuals—both for the State and the counties—for mayors and city managers, for hospitals, for county workers, for city staff, for the Corps of Engineers, and, quite frankly, for just neighbors down the street, it has been a long week. There have been a lot of folks serving each other to take care of those needs, and there will be for a while.

I thought this body would need a quick update because sometimes people feel a long way from the center of the country when you are in Washington, DC, but we need to understand what is happening in the center of the country right now—literally, the center of America. It is affecting all Americans.

TULSA RACE RIOT ANNIVERSARY

Mr. President, I did want to tell a story, though. It is a little bit of a different story. It is about 9,000 people in Tulsa who were suddenly left homeless. It wasn't this week, and it wasn't a natural disaster. It was actually on June 1, 1921, when the worst race riot/massacre happened in American history. That story is still one that this body needs to remember.

I brought this up a few years ago, and I thought it may be time to bring it up again. The reason is that we are quickly approaching the 100-year anniversary of a whole series of riots that happened around America in the summer of 1919.

As the soldiers were coming back home from World War I, many of whom were African-American soldiers who had served with great dignity and honor there, they returned back home with skills that they had picked up overseas and with a tenacious patriotism and work ethic. They returned back to America to go back to work, but they were greeted by a lot of White business owners and a lot of White workers in the country who said: You may have served overseas and fought the war, but you are not welcome to work here. And White neighbors started setting homes and cities on fire.

There were riots. There were protests. There was a national pushback that happened in the summer of 1919. Chicago and Washington, DC, were some of the worst. Oklahoma really survived it well.

Interestingly enough, in Oklahoma, we have 30 towns that were considered Black towns, scattered all across the State. The first folks who actually came to Oklahoma who were African American actually came with the five Tribes when they were relocated. They were brought by the five Tribes who had held them as slaves. When they moved from the southeastern part of the country, and they moved to Eastern Oklahoma and were relocated there in that tragic walk, they brought their slaves with them.

In the land rush after 1889 and then years later as we became a State, land started opening up and individuals and families who were African Americans moved from all over the country coming for new hope and opportunity. There were 30 different towns that sprung up all over Oklahoma that were predominantly African-American towns. One of those was Greenwood.

At that time, it was affectionately known as “Black Wall Street.” It was one of the most prosperous African-American communities in the entire country. It was right on the north end of Tulsa.

Although, when they left from Greenwood and came into Tulsa to work, to shop, or whatever it may be, they were limited. In Greenwood, there were shops, stores, movie theaters, lawyers, doctors, and all kinds of activities. Everything was there. But if they walked a few blocks from Greenwood into Tulsa, they found themselves not being welcomed.

In fact, in downtown Tulsa, there was only one place where a Black man could actually go to the bathroom—one. It was in that building that a gentleman named Dick Rowland took the elevator up to go to the bathroom. On the elevator, there was a White girl there named Sarah Page.

We have no idea what happened in that elevator, but when the elevator door opened, she screamed, and a crowd quickly grabbed Dick Rowland and pulled him off, accusing him of all kinds of things, and hauled him off to jail in downtown Tulsa, where, within a few hours, a lynch mob gathered around that jail.