

they would spend \$8,000 a year at the beginning of the year for 3 months of insulin before the health insurance kicked in and started paying for it. Of course, there are families who aren't so lucky—they don't have health insurance to pay for their drugs.

So what are we going to do about it? It happens to be something the Senate is supposed to take up. We are supposed to debate these things and decide the policy for this country. We will see. Very soon, we will have a chance. A bill is coming out of the Health, Education, Labor, and Pensions Committee, and we will have a chance to amend it on the floor and to deal with the cost of prescription drugs. I will have an amendment ready if my colleagues want to join me—I hope they will—on the cost of insulin, and we will have a chance if Senator MCCONNELL, the Republican leader, will allow us—it is his decision. We will have a chance to decide whether these kids and their families are going to get ripped off by these pharmaceutical companies for years to come.

It isn't just insulin; it is so many other products. It is time for us to stand up for these families and their kids, to put money into medical research, and to tell pharma once and for all: Enough is enough. Insulin was discovered almost 100 years ago. What you are doing in terms of increasing the cost of it for these families is unacceptable and unconscionable.

#### BORDER SECURITY

Mr. President, in the last 2½ years of this administration, we have seen an incredible situation when it comes to immigration and our border. We have seen, unfortunately, some of the saddest and most heartbreaking scenes involving children at the border between the United States and Mexico.

The pattern started with the President's announcement shortly after he was sworn in that he was imposing a travel ban on Muslim countries. That created chaos at our airports and continues to separate thousands of American families.

Then the President stepped up and repealed DACA, the Executive order program created by President Obama that allowed more than 800,000 young immigrants to stay in this country without fear of deportation and to make a life in the only country many of them had ever known.

Then the President announced the termination of the Temporary Protected Status Program, a program we offer—and have throughout our modern history—for those who are facing oppression or natural disaster in their countries. President Trump announced that he was going to terminate it for several countries, affecting the lives of 300,000 immigrants.

Then came the disastrous separation of thousands of families at the border—2,880 infants, toddlers, and children separated from their parents by the Government of the United States. This zero-tolerance policy finally was re-

versed by President Trump after the public outcry against it.

Then what followed was the longest government shutdown in history over the President's demand that he was going to build a border wall, even at the cost of shutting down the Government of the United States for 5 weeks.

We've also seen the tragic deaths of 6 children apprehended at the border and 24 people in detention facilities in the United States.

The President then announced that he was going to block all assistance to the Northern Triangle countries—El Salvador, Guatemala, and Honduras, the source of most of the immigrants who come to our border—and that he would shut down the avenues for legal migration, driving even more refugees to our border.

Now, on President Trump's watch, we have an unprecedented humanitarian crisis. We have seen that crisis exemplified by the horrifying image of Oscar Alberto Martinez Ramirez and his 23-month-old daughter, Valeria, who fled El Salvador and drowned as they tried to cross the Rio Grande 2 weeks ago.

We have seen this crisis play out in the overcrowded and inhumane conditions at detention centers at the border.

In April, I visited El Paso, TX. What I saw in the Border Patrol's overcrowded facilities was heartbreaking.

In May, I led 24 Senators in calling for the International Committee of the Red Cross and the inspector general of the Department of Homeland Security to investigate our Border Patrol facilities. I never dreamed that I would be asking the International Red Cross to investigate detention facilities in the United States. They do that, but usually you are asking them to look into some Third World country where inhumane conditions are being alleged.

After being in El Paso, after seeing what is going at our border, I joined with 23 other Senators in asking the International Red Cross to investigate the U.S. detention facilities.

Later that same month, the inspector general of the Department of Homeland Security released a report detailing the inhumane and dangerous overcrowding of migrants at the El Paso port of entry. The Inspector General's Office found that overcrowding is “an immediate risk to the health and safety” of detainees and DHS employees.

One week ago, the Inspector General's Office issued another scathing report, this time about multiple Border Patrol facilities in the Rio Grande Valley. The Inspector General's Office asked the Department of Homeland Security to take immediate steps to alleviate the dangerous overcrowding and prolonged detention. They stated: “We are concerned that overcrowding and prolonged detention represent an immediate risk to the health and safety of DHS agents and officers, and to those detained.”

Congress recently passed legislation 2 weeks ago that included \$793 million in

funding to alleviate overcrowding at these CBP facilities and other funding to provide food, supplies, and medical care to migrants. The bill also includes critical funding for the Office of Refugee Resettlement to care for migrant children.

We must now make sure that this money is spent effectively by the Trump administration. We gave them over \$400 million in February, and they came back to us within 90 days and said: We are out of money. I would like to know how they are spending this money, and I want to make sure it is being spent where it is needed.

There is a gaping leadership vacuum at the Trump administration's Department of Homeland Security. Think of this: In 2½ years, there have already been four different people serving as head of that Department. Every position at the Department of Homeland Security with responsibility for immigration or border security is now being held by a temporary appointee, and the White House refuses to even submit nominations to fill these positions.

Two weeks ago, I met with Mark Morgan, one of those temporary appointees. In May, President Trump named him Acting Director of U.S. Immigration and Customs Enforcement. Mr. Morgan was asked at that time to carry out the mass arrests and mass deportations of millions of immigrants the President had threatened by his infamous tweets.

Shortly before I met with Mr. Morgan to ask him about the mass arrests and mass deportations, there was a change. They took him out of that position and named him Acting Director of U.S. Customs and Border Protection. He went from internal enforcement to border enforcement. Now he is in charge of solving the humanitarian crisis that President Trump has created at our border.

The Trump administration can shuffle the deck chairs on this Titanic, but we must acknowledge the obvious: President Trump's immigration and border security policies have failed. Tough talk isn't enough. We need to do better.

This morning, I met with Dr. Goza, the president of the American Academy of Pediatrics. She came to give me a report about her visit to several border facilities that has been well documented and reported in the press. She said that it was hard for her, as a doctor for children, to see these things and realize they were happening in the United States.

Yes, children are being held in caged facilities with wire fences and watchtowers around them, some of them very young children. As a pediatrician, she told me those things have an impact on a child—on how that child looks at the world and how that child looks at himself.

She said that she took a lot of notes as she went through these facilities, but it wasn't until she got on the airplane on the way home that she read

through them. She said: Then I started crying. I am supposed to be a professional who can take this, but I couldn't imagine what we were doing to these children at the border. There just aren't enough medical professionals there—not nearly enough.

The United States is better than that. We can do better than that. We can have a secure border and respect our international obligations to provide a safe haven to those who are fleeing persecution, as we have done on a bipartisan basis—Democrats and Republicans—for decades.

I stand ready, and I believe my party stands ready, to work with Republicans on smart, effective, and humane solutions to the crisis at our border. I suggest that the following be included:

Crack down on traffickers who are exploiting immigrants. That is unacceptable.

Provide assistance to stabilize the Northern Triangle countries. That is long overdue.

Provide in-country processing and third-country resettlement so that migrants can seek safe haven under our laws without making the dangerous and expensive trek to our border.

Eliminate the immigration court backlog so that asylum claims can be processed more quickly.

We have authorized more than 100 immigration court judges, and this administration can't find people to fill them. They want more judges. They have authority to hire 100 more, and they have been unable to do it.

We need to ensure that children and families are treated humanely when they are in the custody of the U.S. Government.

Eventually, the history of this period will be written, and there will be accountability, not just for the officials in government but for all of us—those of us in the Senate and the House and those in journalism and other places. We are going to have to answer for the way these people have been treated. Whether or not they qualify for legal status in the United States, I hope we can hold our heads up high and say that, at least from this point forward, we are going to show them that we are humane and caring people. No matter where they come from, no matter how poor they may be, we will take care that children are treated in a merciful way and a compassionate way; that the adults are given appropriate opportunities to exercise whatever rights they have under the laws of our country; and that at the end of the day we can hold our heads high because we have done this in a fashion consistent with the values of the United States of America.

We haven't seen it yet. It is time for the President to acknowledge that get-tough, bizarre tweets just aren't enough. We have to have a policy that makes sense to bring stability to our border.

I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

#### PRESCRIPTION DRUG COSTS

Ms. ERNST. Mr. President, I recently received a letter from a gentleman living in Cedar Falls, IA, who suffers from Parkinson's disease. As I speak, he is going without his \$1,450-per-month LYRICA prescription in order to keep a roof over his head. That is right, folks. He must choose between making a mortgage payment and getting his prescription.

Here is another story a woman from Davenport, IA, shared with me. Last October, she was able to get a 3-month supply of blood pressure medication for \$17, but when she went to the pharmacy for her refill in late December, she was told the price had nearly tripled to \$55. She wrote to me and said:

Thinking this was a mistake, I refused the refill and checked online about the change in price and found I couldn't get it cheaper anywhere else. So I went back in ten days and thought I would just have to pay the new cost [which was \$55]. In that time . . . the prescription had gone up to \$130!

Whether I am talking to folks back home in my townhalls and other events on my 99 County Tour or in meetings right here in Washington, DC, the cost of prescription drugs is the No. 1 issue I hear about from Iowans. Every day, I hear stories just like these about the outrageous costs associated with their prescription medications.

For too long, hard-working Iowans have borne the brunt of skyrocketing prescription drug prices. Stories like the man from Cedar Falls and the woman from Davenport have become the norm. We have to change that, and that is exactly what we are doing here in the Senate.

We have been hard at work in advancing bills to drive down drug prices, increase competition, and close costly loopholes that are being exploited by those bad actors. I am proud to lead on three such bills that were recently approved in committee.

First, I have teamed up with Senator COTTON on a bill that aims to eliminate an egregious loophole in the patenting process. This loophole allows drug companies to take advantage of the well-intentioned concept of sovereign immunity for Native American Tribes in order to dismiss patent challenges and unfairly stifle competition.

Our legislation would put an end to this manipulative practice and actually provide Iowans with access to cheaper options for their prescription drugs. That is not all we are doing in the Senate to make more low-cost generic drugs available to folks in Iowa. We have also been working across the aisle on a bipartisan bill that would put a powerful check on drug companies seeking to keep generics off the market.

The bill would empower the makers of generic drugs to file lawsuits against brand-name manufacturers if they fail to provide required resources, such as drug samples, needed for generics to clear the regulatory process. In turn, we would see cheaper alternatives available for my folks in Iowa.

I am also working with my fellow Iowan, Senator GRASSLEY, on a bill that focuses on the middlemen behind some of the prescription drug price hikes we have seen recently. The bill would direct the Federal Trade Commission to examine anti-competitive behavior in the prescription drug market. As mergers push drug prices higher and higher, this bill will be instrumental in helping Congress develop policies to increase competition and lower those costs for both patients and our taxpayers.

Make no mistake. The rising cost of prescription drugs is an issue that significantly impacts hard-working Iowans. We in Congress have a responsibility to take action, to give folks a voice, and to make sure no family is ever forced to choose between making a mortgage payment and purchasing their medications.

That is what we are doing. We have some great bills in the Senate—bills from both Republicans and Democrats—that can help lower those drug prices, increase competition, and close loopholes. Let's build on this effort and continue working together in a bipartisan way to get these bills and others across the finish line and signed into law. Iowans are counting on us.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Florida.

Mr. SCOTT of Florida. Mr. President, as is now obvious to everyone, ObamaCare made healthcare even more expensive. Premiums are up. Copays are up. Deductibles are way up. ObamaCare has been a disaster, and even the Democrats are admitting it.

Let's all remember, ObamaCare was sold and based on a bunch of lies. You didn't get to keep your doctor, your health plan, and your premiums didn't go down.

The Democrats want Medicare for All, which will absolutely ruin the Medicare system and throw 150 million people off of the employer-sponsored health insurance they like. That would be a disaster. There is something we can do and must do right now to help American families: We must lower prescription drug costs.

This is very personal to me. I grew up in a family without healthcare. My mom struggled to find care for my brother who had a serious disease. Eventually she found a charity hospital 4 hours away for his treatment. I remember asking my mom how much lower drug costs would have to be for her to consider changing pharmacies. Without missing a beat, she said: a dollar.

This story is not uncommon. All over my State I hear the same thing: Drug prices are rising, and we are having trouble affording the lifesaving medication we need.

I recently met Sabine Rivera, a 12-year-old from Naples, FL, who was diagnosed with type 1 diabetes more than 2 years ago. She is 12 years old, and she is already worried about how she will