

Risch, Mike Crapo, Roy Blunt, Johnny Isakson, Shelley Moore Capito, Pat Roberts, John Cornyn, John Hoeven, Steve Daines, John Boozman, Thom Tillis, Kevin Cramer, Richard Burr.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Robert L. King, of Kentucky, to be Assistant Secretary for Postsecondary Education, Department of Education, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. BOOKER), the Senator from New York (Mrs. GILLIBRAND), the Senator from California (Ms. HARRIS), the Senator from New Mexico (Mr. HEINRICH), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

The PRESIDING OFFICER (Mr. CRAMER). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 56, nays 39, as follows:

[Rollcall Vote No. 198 Ex.]

#### YEAS—56

Alexander	Gardner	Perdue
Barrasso	Graham	Portman
Blackburn	Grassley	Risch
Blunt	Hawley	Roberts
Boozman	Hoeven	Romney
Braun	Hyde-Smith	Rounds
Burr	Inhofe	Rubio
Capito	Isakson	Sasse
Cassidy	Johnson	Scott (FL)
Collins	Jones	Scott (SC)
Cornyn	Kennedy	Shelby
Cotton	Lankford	Sinema
Cramer	Lee	Sullivan
Crapo	Manchin	Thune
Cruz	McConnell	Tillis
Daines	McSally	Toomey
Enzi	Moran	Wicker
Ernst	Murkowski	Young
Fischer	Paul	

#### NAYS—39

Baldwin	Hassan	Rosen
Bennet	Hirono	Schatz
Blumenthal	Kaine	Schumer
Brown	King	Shaheen
Cantwell	Klobuchar	Smith
Cardin	Leahy	Stabenow
Carper	Markey	Tester
Casey	Menendez	Udall
Coons	Merkley	Van Hollen
Cortez Masto	Murphy	Warner
Duckworth	Murray	Warren
Durbin	Peters	Whitehouse
Feinstein	Reed	Wyden

#### NOT VOTING—5

Booker	Harris	Sanders
Gillibrand	Heinrich	

The PRESIDING OFFICER. On this vote, the yeas are 56, the nays are 39.

The motion is agreed to.

#### CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the

Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of John P. Pallasch, of Kentucky, to be an Assistant Secretary of Labor.

Mitch McConnell, Roger F. Wicker, John Barrasso, David Perdue, James E. Risch, Mike Crapo, Roy Blunt, Johnny Isakson, Richard Burr, Pat Roberts, John Cornyn, John Hoeven, Steve Daines, John Boozman, Thom Tillis, Kevin Cramer, Shelley Moore Capito.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of John P. Pallasch, of Kentucky, to be an Assistant Secretary of Labor, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. BOOKER), the Senator from New York (Mrs. GILLIBRAND), the Senator from California (Ms. HARRIS), the Senator from New Mexico (Mr. HEINRICH), and the Senator from Vermont (Mr. SANDERS), are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 54, nays 41, as follows:

[Rollcall Vote No. 199 Ex.]

#### YEAS—54

Alexander	Fischer	Paul
Barrasso	Gardner	Perdue
Blackburn	Graham	Portman
Blunt	Grassley	Risch
Boozman	Hawley	Roberts
Braun	Hoeven	Romney
Burr	Hyde-Smith	Rounds
Capito	Inhofe	Rubio
Cassidy	Isakson	Sasse
Collins	Johnson	Scott (FL)
Cornyn	Kennedy	Scott (SC)
Cotton	Lankford	Shelby
Cramer	Lee	Sullivan
Crapo	Manchin	Thune
Cruz	McConnell	Tillis
Daines	McSally	Toomey
Enzi	Moran	Wicker
Ernst	Murkowski	Young

#### NAYS—41

Baldwin	Hirono	Schatz
Bennet	Jones	Schumer
Blumenthal	Kaine	Shaheen
Brown	King	Sinema
Cantwell	Klobuchar	Smith
Cardin	Leahy	Stabenow
Carper	Markey	Tester
Casey	Menendez	Udall
Coons	Merkley	Van Hollen
Cortez Masto	Murphy	Warner
Duckworth	Murray	Warren
Durbin	Peters	Whitehouse
Feinstein	Reed	Wyden
Hassan	Rosen	

#### NOT VOTING—5

Booker	Harris	Sanders
Gillibrand	Heinrich	

The PRESIDING OFFICER. On this vote, the yeas are 54, the nays are 41.

The motion is agreed to.

#### EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of John P. Pallasch, of Ken-

tucky, to be an Assistant Secretary of Labor.

The PRESIDING OFFICER. The Senator from Connecticut.

#### PRESCRIPTION DRUG COSTS

Mr. BLUMENTHAL. Mr. President, I am here to talk about insulin. You may wonder why someone would talk about insulin, given all the weighty and pressing issues we have before us in this Chamber and even more so in the world today. I will not begin to recite them, but insulin for millions of people—in fact, 30 million people in the United States—is a matter of life and death.

Many of us are fortunate because we never have to think about insulin. Our bodies make enough of it to keep us healthy, and we go about our lives without a second thought concerning blood glucose or how our pancreas is functioning, but for those 30 million people—and quite a few of them visited us this morning in our offices, and they were present in the Committee on Aging at our hearing—insulin is a constant worry. It is top of mind. It is always present as an issue for them, in fact, on a daily basis. Patients with diabetes need to carefully monitor and adjust their insulin levels along with managing their physical activities, their diet, stress, pain, sleep levels.

Many of those young people who came to the Committee on Aging today—by the way, I want to thank Senators COLLINS and CASEY for holding that hearing and giving them an opportunity to come to the Nation's Capitol and make us more aware—were wearing monitoring devices, hidden but a constant concern. They depend on insulin as a matter of life and death. It is not a luxury for them. It is not like ice cream or ball games. It is life and death. They are fortunate, too, because they have access to insulin, unlike a lot of people around the world and unlike the whole world, including America, about 100 years ago when diabetes was, in fact, a death sentence, not in a matter of years ahead but right then and there. Diabetes was lethal.

That changed when two researchers, Dr. Frederick Banting and Dr. Charles Best, succeeded in isolating insulin from an animal pancreas in 1921. By the next year, they had collected enough to treat their first patient. He was a 14-year-old boy with diabetes, and he lived miraculously for another year. That was unheard of at the time. It was a tremendous breakthrough—an extra year of life because of their discovery.

So Dr. Banting and Dr. Best filed a patent. They patented their discovery in 1923, and they stated their goal was not to make a lot of money, not to make profit but to make insulin available to the world, make it available to everyone who needed it, make it available to patients, regardless of their means and circumstance. Do you know what they did with that patent? They sold it for \$1—just \$1.

Dr. Banting said: "Insulin does not belong to me, it belongs to the world."

He was right. Insulin belongs to the world of people, whatever their ages, whatever their circumstances, whatever their means, wherever they live. Certainly, in the greatest country in the history of the world, where that patent, about 100 years ago, was sold for \$1, shouldn't it be affordable and accessible to everyone?

Well, this story has a really discouraging sequel, which is today in real time. The price of insulin has skyrocketed. When I say "skyrocketed," there are different numbers. It doubled, according to one authoritative site, between the years 2012 and 2016. There is another study that says it has risen 10 times in price over just the last several years. Beyond question, it has risen and not just by a little bit but by literally hundreds of dollars for the average American who has to afford it, day in and day out. Those yearly costs are forcing people to choose, literally, between putting food on the table and buying insulin, between paying mortgages and buying insulin, between the kinds of fun that ordinary young people would enjoy and buying insulin.

I know we say this about choices made by Americans, but today in this very Capitol, just steps away, I listened to the parents of Logan and Emma talk to me, along with them, about the real-life consequences of these exploding insulin costs, and it broke my heart. Their experiences are truly heart-breaking and gut-wrenching.

Logan is 12 years old, and he told me in the reception area right here about his diagnosis at 18 months. He talked about the advances in technology around diabetes treatment with extraordinary technological knowledge—impressive not just for someone our age but truly for somebody who is 12 years old. These advances are a tribute to American science, innovation, and ingenuity. They are groundbreaking, but at the end of the day, if his family cannot afford insulin, even the best, most groundbreaking technology means nothing. That is Logan's reality.

His mom told me about sitting in a CVS parking lot and crying while she held a box of pasta because that was all she could afford—pasta for the rest of the week for dinner for that family. It was all she could afford after the insulin costs. For their family, Logan's insulin has cost as much as \$750 a month. That is their deductible. That is what they pay even with insurance. So they have sacrificed not only in terms of what they eat but how they live. He was with Emma, and the two of them are extraordinary ambassadors for the Junior Diabetes Research Foundation, the JDRF, which does so much wonderful work for diabetes patients.

Emma is 15 years old, and her father told me about a similar struggle to afford insulin. In fact, her own dad was diagnosed with type 1 diabetes in his midthirties after Emma's diagnosis. He told me that "the price of insulin is illogical."

There is no reason why the cost keeps going up. In fact, Emma and Logan, both from Connecticut, have become world-wise—not world-weary but world-wise—about the American drug industry. They know those costs are rising without any reason in terms of the cost to the manufacturer. There are costs and prices rising for consumers without any justification in the real cost of producing the insulin they need.

Last week, I held an event on insulin with other diabetes patients to discuss the skyrocketing costs. One of my constituents who spoke was a little bit older than Logan and Emma. Dr. Kathryn Nagel, a physician and resident at Yale University, was also diagnosed with diabetes when she was 18 months old. She is a resident now, training to become a pediatrician, among other specialties. As she put it to me, "Banting would be ashamed of the state of things now." Dr. Banting said, "Insulin does not belong to me, it belongs to the world." He would be outraged and embarrassed by what is happening in America today.

Mr. President, I ask unanimous consent that Kathryn Nagel's full remarks be printed in the RECORD.

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

JULY 10, 2019.

I was diagnosed with type 1 diabetes when I was 18 months old. As you can imagine, this was terrifying for my family. But we were lucky. We lived in America, where we had access to the most advanced health care in the world. I was immediately connected to a team of doctors who taught my family everything we needed to know about managing this disease. I had health insurance. Through my insurance, I received insulin and all the other supplies I would need, and my family was able to devote its attention to mastering the regimen required to keep a type 1 diabetic alive.

I was lucky.

I didn't have to worry about where my insulin came from. I didn't have to worry about having to scramble for a new prescription because my insurance company had switched allegiances to a different insulin company. I didn't have to worry about how much it cost because of a high deductible, copay, or god forbid, no insurance at all.

This, unfortunately, is not the reality for many Americans living with diabetes today.

I had this access, not because it is a right granted to all Americans, but because my dad was the employee of a University. When I was in high school, my parents started to impress upon me a vital truth: I must always be employed by someone who would give me good health insurance.

With the help of protections from the Affordable Care Act, and the decision to pursue the path to medicine, I continued to have good access to health insurance. The insulin pricing crisis and healthcare chaos in our country poked through in subtle, but never catastrophic ways for me.

I saw it when I went to fill my prescription, and was told that because of some back door deals my insurance company was no longer covering the type of insulin I had used for the past 20 years. If I wanted to take that type of insulin, I would have to pay hundreds of dollars out of pocket for just one vial. For reference, when I first started this insulin, its list price was \$26 a vial.

I've seen this chaos even more in my practice as a doctor. In medical school we are taught how to treat disease. We are taught which medicines to use and when. In clinical training, however, we learn that that is the easy part. The much harder part, is figuring out how people can get access to the treatments we know they need. We learn to fight with insurance companies, we spend hours on the phone with pharmacies making sure that our patients can actually get the medications we prescribe.

I want to impress upon you, how vital insulin is for a type 1 diabetic to stay alive. This is not something we should take to stay healthy. It is something we must have, every hour of our lives, to stay alive. It is akin to oxygen. For me, it takes just hours without insulin before my body starts developing ketones. Ketones produce an acid byproduct that is toxic to the body, creating an environment where the other organs can no longer function. Without sufficient insulin, it does not take long before a diabetic's heart goes into a fatal arrhythmia, causing an entirely preventable death.

This is what happened to Alec Smith. This is what happened to Kevin Houdeshell. This is what has happened to too many diabetics in this country, many of them quite young, because they lose access to insulin. It happens to too many of them at age 26, when they are left to fend for themselves for health insurance. This should NEVER happen.

I want to tell you about a childhood hero of mine, Frederick Banting. Banting, with his team, discovered insulin in 1921. It is because of Banting I am still alive. But Banting did more than discover insulin. Knowing that it was the difference between life and death, he did what he could to ensure that no greedy company would ever deny people access to insulin. He sold his patent to the University of Toronto for \$1 so that it would remain accessible to everyone. He stated, "Insulin belongs to the world, not to me".

Banting would be ashamed of the state of things now.

It turns out, it's not always such a lucky thing to live in America. Today, 1 in 4 Americans with type 1 diabetes ration insulin due to the cost. In the time since I was diagnosed, the cost of insulin has increased over 1200%. These stats don't even include the huge financial sacrifices people with diabetes are making as copays, deductibles, and premiums rise to meet the sky rocketing costs of insulin and other medications. It does not capture the stress and gut-level fear every one of us holds of not being able to access our insulin or supplies.

We cannot be fighting on a case by case basis for access to what we need to stay alive. We must do better.

Thank you Senator Blumenthal for giving us the opportunities to share our stories. Thank you for fighting for us, and working towards a better future for those of us dependent on insulin to stay alive.

KATHRYN NAGEL, MD.

Mr. BLUMENTHAL. Mr. President, Kathryn Nagel—who will be an extraordinary physician because she has not only a great mind, but she also has a great heart—is absolutely right. Drug companies today have moved far from the outreaching motives of insulin's original discovery. Advancements in biotechnology have allowed manufacturers to make slightly more purified and precise versions of insulin, but it works the same as Dr. Banting's original insulin from the 1920s because that is what our body needs to do its work.

Even incremental changes to an insulin product open up new patent opportunities for manufacturers and companies that have been taking advantage of these loopholes in our patent system for too long at the expense of patients and their families.

Let me give one particularly egregious example. Sanofi manufactures the insulin product Lantus. Sanofi filed a total of 74 patents on Lantus, with 95 percent of those applications happening after Lantus was introduced to the market in the year 2000. That is a variation of insulin—almost 20 years old—protected by 74 patents way beyond the life of the original patent on a medicine discovered 100 years ago by a doctor who said, “Insulin does not belong to me, it belongs to the world.” Sanofi has constructed such an elaborate web and tangle of patents surrounding their product that they could have a competition-free monopoly on their particular version of insulin for 37 years. They are exploiting it relentlessly and tirelessly and inexcusably.

The effect of elaborate patent thickets like Sanofi’s—constructed by companies—are felt by consumers in the form of higher drug prices. It is that simple. Create a monopoly without competition, and the prices can be raised without real limit. Lantus has increased in price 24 percent from 2016 to 2018. In 2 years, there was a 24-percent increase unrelated to the cost of the product. In fact, the overall costs of insulin have doubled in recent years, with patients having paid an average of \$2,864 for insulin in 2012 and \$5,705 in 2016. That is the average out-of-pocket for insulin patient. That is the story I heard from Emma Del Vecchio of Orange and Logan Merwin of Haddam, as earlier today they shared their life-and-death struggle with the cost of insulin.

One more story that has resonated with me over the past few days is from Kristin Whitney Daniels. She is from Shelton, CT.

Mr. President, I ask unanimous consent to have the remarks of Kristen Whitney Daniel and Jonathan Chappell printed in the RECORD.

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

JULY 1, 2019.

Thank you, Senator Blumenthal.

My name is Kristen Whitney Daniels and I am the chapter leader for Connecticut’s #insulin4all group, part of the TI International organization. We are a patient-led advocacy group committed to ensuring affordable and equitable access to all diabetes related supplies, including insulin. Insulin is critical for every diabetic—before it’s discovery in 1922, type one diabetes was a death sentence. Today, diabetics can thrive . . . if they have access to insulin.

I was diagnosed with type one diabetes 13 years ago at the age of 15. Being an advocate never crossed my mind when I was diagnosed over a decade ago. Type one diabetes completely took over my life after I was diagnosed. It was like learning a new, complex language and continues to be a relentless disease that requires constant vigilance. So

why would I devote any free time to a disease that has already taken so much?

Why? Because of Alex Smith and Kevin Houdeshell and Micah Fischer and the countless others who lost their lives due to a lack of affordable access to insulin. Because one in four type one diabetics have had to ration insulin, playing a deadly game to survive as pharmaceutical companies continue to unabashedly raise their prices. Because I am the one in four who have been forced to ration their insulin.

My story is a familiar one for the diabetes community. While pursuing my dream internship, I turned 26 and lost my health insurance. I purchased the only health insurance I could afford—a high-deductible plan that cost more than my monthly paycheck and whose monthly payments already consumed 15% of my income. But I had prepared for this time period. I hoarded supplies and medications for months, resorting to underutilizing my supplies. I hoped this would buy me time to work off my deductible. It didn’t; putting any money towards that deductible was like chipping away at an iceberg with a toothpick.

By the time I reached the last of my insulin vials, I knew things were becoming critical. There was no way I could meet my deductible without forgoing housing and food. And at over \$250 a vial, my monthly supply of insulin far-exceeded even my deductible. So, I did what seemed like my only choice: For weeks, I ate significantly less, exercised more, and dangerously started rationing my insulin by cutting my dose and letting my blood sugars rise to unhealthy levels.

Even as those last vials turned to the last few drops, I refused to panic. Surely this is what all the patient assistance programs were meant for. I called my doctor, my pharmacy, my insurance company, the insulin manufacturer, 3 different prescription assistance programs and faced the same answer every time: there was nothing they could do to help because I had insurance. With every call I became increasingly more desperate, finally resorting to begging and pleading.

Didn’t they understand I would be dead in less than 48 hours if I didn’t get my insulin? I wasn’t just frustrated at that moment; I wasn’t just angry . . . I felt insignificant. Like my survival, my life amounted to absolutely nothing.

At the end of the day, none of those avenues helped me. None of those programs pharmaceutical companies tout to the media saved me from death. No, my help came from a last-ditch visit to a government funded community health clinic. There, my insulin was provided to me for \$14—\$2,386 less than at the pharmacy.

The insulin crisis is at a critical juncture in America. We can no longer talk about hypotheticals—diabetics have been and are continuing to die from a lack of affordable access to a drug we need just as much as oxygen. I may not have set out to be an advocate, but I refuse to sit idly by while diabetics suffer at the hands of companies that continue to make exorbitant money off our bodies. Our community will not stop until every diabetic has equal access to insulin. And we will not be silenced when parents, friends, and family continue to bury their loved ones.

Thank you, Senator Blumenthal for sponsoring this bill. This is one bill, of hopefully many, where America chooses to stand with those who have suffered greatly at the hands of pharmaceutical companies.

KRISTEN WHITNEY DANIELS,  
CT#insulin4all Chapter Leader.

Hi, my name is Johnathan Chappell and I’m an attorney at the law firm Feldman, Perlstein, and Greene in Farmington, Connecticut.

As far as background goes, I was diagnosed as Type I diabetic in 1999 and started used Humalog insulin in 2001. Just to see what we’re talking about, this is one vial of insulin, for those who do not know. For me, it’s about ten days of life.

It being July 1st, we’re getting close to the Fourth of July—the country’s birthday, if you will. I’ll show you this, which is three vials of insulin in a box, with a rubber band around them, that says “One of three, two of three, three of three.” So that’s about a month of life, for me anyway.

I filled my prescription—I think, smartly—on June 15th. The key date in my life is July 1st. That’s the reset date of my high-deductible plan. So this amount of insulin, again, this being a vial (There are three of them in these boxes. I trust you will trust me)—if I got this today, it would be \$1,008. I got it on June 15th for a \$25 co-pay. There are a lot of words that I could choose, but “insane” seems to be pretty fitting if you ask me.

And we’re here to talk about insulin, but the cost of equipment to put that insulin into my body is also not cheap.

The good news is that I get a lot of gas points at the pharmacy. The bad news is I have to figure out how to feed my family, which includes my wife and three children, and continue to do so. And that, even for me, is quite a task at times.

So what do I do? I try to stockpile as much insulin as I can grab, while my deductible has been exhausted. Like a squirrel before hibernating, I tried to get as much of this as I could before today. So I have about a month or two while I’m okay, or very good. But this is unacceptable. This is not the point of healthcare reform. It has not been addressed, in my opinion.

I thank Senator Blumenthal. With my years of involvement with JDRF I’ve met him and his wonderful office members a number of times. I’m a past president of the JDRF and obviously I can tell you that I’m not the only Type I in Connecticut who is worried about this. I’m fortunate that they still asked me to come and tell my story.

So, again, this was \$25 and, if I went back today, or in two weeks, it would be \$1,008. And it would probably be more expensive, to tell you the truth, because the price of insulin just keeps going up. The minute you drive your car off the lot, it depreciates but, for some reason, insulin has appreciated every day for the past twenty years I’ve been using it. In November, it will be twenty years with Type I diabetes—pretty tightly controlled, but to do that is not cheap.

So again, if Senator Blumenthal’s bill is right near a vote, let’s get it voted on and let’s do what we can to get this issue solved. Short-term, mid-term and forever. I thank Senator Blumenthal and everybody out there for the support.

Mr. BLUMENTHAL. Mr. President, Kristen is the chapter leader of Connecticut #insulin4all and attended the event I mentioned. She was inspired to become an advocate for affordable and equitable access to insulin after facing tough barriers in her own medical treatment. She was forced to become one of the one in four patients with diabetes in the United States who has resorted to insulin-rationing in the face of high drug costs.

Let’s be clear about insulin-rationing. It means reducing the dosage—rationing the consumption—to lower the cost. When we talk about folks who have to cut pills in half or seniors who take a pill every other day instead of every day, that is rationing. That is

what Kristen had to do in the face of these rising drug prices.

In order to pursue her dream internship, Kristen had to purchase the only health insurance she could afford, which was a high-deductible plan whose monthly payments consumed 15 percent of her income. To try to prepare for the realities of this kind of coverage, she had to hoard her insulin and other diabetes supplies for months in advance, deliberately starving her body of the medicine she needed in order to keep her head above water financially.

I have submitted bipartisan legislation that was recently approved unanimously by the Judiciary Committee, along with my colleague Senator CORNYN, that would end these abusive practices surrounding patents—patent-thicketing and product-hopping. You don't need to know the details of those abuses or of our legislation to understand the need for protection and the need for security and safeguards for these kinds of patients—the 30 million who suffer from diabetes and who are paying exploding costs for insulin that are rising exponentially and astronomically for not only insulin but also many other drugs, as we know from listening to our constituents.

All of our colleagues understand the high cost of prescription drugs that continue to plague America across all walks of life. Every day, patients are forced to choose, in fact, between paying for the medicines they need and the needs of their families. Drugs to treat everything from depression, to arthritis, to cancer, and even basic saline solution for IVs have increased in price in recent months. They are not new, wondrous, magic discoveries; they are workhorse medicines. Insulin has been around for 100 years. Many of these other drugs have been around for decades as well. We owe it to Americans.

As citizens and as patients ourselves, we know that these rising prescription prices are ruining families, tearing apart communities, and destroying the basic trust we have in our healthcare system. Nothing is more basic. Healthcare is a right. Prescription drugs should not be available just to the wealthy.

The bill Senator CORNYN and I are hoping this Chamber will pass is just one step toward making prescription drug prices more affordable; making these cures that are America's pride—developed by great researchers and wonderful minds—available to all of our citizens.

Logan Merwin, Emma Del Vecchio, and all of the children in America who suffer from diabetes understand something maybe we don't as well: that insulin is a matter of life and death and that they are alive because they live in the greatest country in the history of the world, where insulin is available to them even at times when it is difficult for their families to afford. They know, too, that with the great advocacy of Kathryn Nagel, Kristin Whitney Dan-

iels, Jonathan Chappell, and others who are taking their cause to America, as well as the JDRF, which is supporting wonderful discoveries, we will be a better country. We will make these prescription drugs affordable.

Insulin will be available to all. Insulin does not belong to me or to you; it belongs to the world. And I hope America will be an example of making insulin belong to the world.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

#### ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at 11 a.m., Thursday, July 11, the Senate vote on the confirmation of Executive Calendar Nos. 101 and 103 in the order listed. I further ask that if confirmed, the motions to reconsider be considered made and laid upon the table and that the President be immediately notified of the Senate's action; further, that if cloture is invoked on Executive Calendar No. 13, the postcloture time expire at 1:45 p.m.; finally, that the ranking member of the Committee on Environment and Public Works control the time from 1 p.m. until 1:40 p.m.

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

### LEGISLATIVE SESSION

#### MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to legislative session for a period of morning business, with Senators permitted to speak therein for 10 minutes each.

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

#### AFFORDABLE CARE ACT

Mr. CARDIN. Mr. President, today I wish to discuss Americans' access to healthcare and patient protections that are carelessly being threatened by President Trump and his administration, specifically, his decision to not uphold the Patient Protection and Affordable Care Act, ACA, which is the law of the land.

This week, the U.S. Court of Appeals for the fifth circuit began reviewing appeals to a December decision in the case *Texas v. U.S.*, in which the entire ACA was ruled unconstitutional. Republican attorneys general from 18 States argue that the ACA is unconstitutional because our Republican colleagues repealed the individual mandate as part of their 2017 tax bill. In-

stead of defending the ACA and fighting for Americans with preexisting health conditions, President Trump took the unprecedented step of not defending current law, and the Department of Justice revised its position to support full repeal of the ACA, continuing the administration's sabotage of affordable access to healthcare through all avenues of Executive action.

If Republicans successfully overturn the ACA, hundreds of millions of Americans will lose access to affordable healthcare and the monumental consumer protections created through the ACA. This includes the 133 million Americans with preexisting conditions, 17 million people who gained insurance through Medicaid expansion, 12 million seniors who pay less for prescription drugs, and over 2 million adult children who will no longer be able to stay on their parent's health insurance.

I am particularly worried about the 2.5 million Marylanders with a preexisting condition, 320,000 of whom are children. Before the ACA, insurers denied health coverage to Americans with preexisting health conditions.

The most common preexisting conditions are pregnancy, cancer, diabetes, high blood pressure, behavioral health disorders, high cholesterol, asthma, and heart conditions. Patients with preexisting conditions must know their health insurance coverage is there for them when they are healthy, but particularly when they become sick. The ACA took the important step to ensure this, by protecting all patients against arbitrary, sudden loss of insurance. This security would, of course, be eliminated if the ACA is overturned.

In addition to these important consumer protections, the Affordable Care Act increased access to care for millions of people who previously were uninsured or underinsured. Through Medicaid expansion, 13 million low-income Americans now have dependable, comprehensive healthcare, including 300,000 Marylanders. We must protect the Medicaid expansion population and other uninsured or underinsured populations from the Trump administration's efforts to eliminate their access to affordable care.

The numerous reckless attempts by the Trump administration to sabotage the ACA disregard how much good healthcare reform has done for all Americans. Before we passed the Affordable Care Act, too many people fell through the cracks with inadequate insurance coverage, annual and lifetime coverage caps, or limits to preventive health services. Too many declared bankruptcy because of high healthcare costs or skipped prescribed care or medications because of the costs.

The ACA ensured that many of those people now have access to higher-quality coverage. Core elements of the law require companies to cover adults and children with preexisting conditions, prevent insurance companies from setting annual and lifetime limits, and