Travel Promotion (Brand USA) through fiscal year 2027, and for other purposes.

S. 2260

At the request of Mr. SULLIVAN, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 2260, a bill to provide for the improvement of domestic infrastructure in order to prevent marine debris, and for other purposes.

S. 2303

At the request of Mr. LEAHY, the name of the Senator from Arizona (Ms. SINEMA) was added as a cosponsor of S. 2303, a bill to allow United States citizens and legal residents to travel between the United States and Cuba.

S. 2434

At the request of Mr. PETERS, the names of the Senator from Massachusetts (Mr. MARKEY) and the Senator from Maryland (Mr. VAN HOLLEN) were added as cosponsors of S. 2434, a bill to establish the National Criminal Justice Commission.

S. 2491

At the request of Mr. UDALL, the names of the Senator from Oregon (Mr. WYDEN) and the Senator from Minnesota (Ms. SMITH) were added as cosponsors of S. 2491, a bill to terminate certain rules issued by the Secretary of the Interior and the Secretary of Commerce relating to endangered and threatened species, and for other purposes.

S. 2496

At the request of Mr. CASEY, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 2496, a bill to amend title II of the Social Security Act to eliminate the Medicare and disability insurance benefits waiting periods for disabled individuals.

S. 2539

At the request of Mr. RUBIO, the name of the Senator from Indiana (Mr. BRAUN) was added as a cosponsor of S. 2539, a bill to modify and reauthorize the Tibetan Policy Act of 2002, and for other purposes.

S. 2570

At the request of Ms. SINEMA, the names of the Senator from Maryland (Mr. VAN HOLLEN) and the Senator from Minnesota (Ms. KLOBUCHAR) were added as cosponsors of S. 2570, a bill to award a Congressional Gold Medal to Greg LeMond in recognition of his service to the United States as an athlete, activist, role model, and community leader.

S. 2602

At the request of Mr. BURR, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 2602, a bill to exclude vehicles to be used solely for competition from certain provisions of the Clean Air Act, and for other purposes.

S. 2624

At the request of Mr. PAUL, the name of the Senator from Utah (Mr. LEE) was added as a cosponsor of S. 2624, a bill to prohibit arms sales to Turkey.

S. 2641

At the request of Mr. RISCH, the names of the Senator from Ohio (Mr. PORTMAN) and the Senator from Illinois (Ms. DUCKWORTH) were added as cosponsors of S. 2641, a bill to promote United States national security and prevent the resurgence of ISIS, and for other purposes.

S.J. RES. 21

At the request of Mr. BRAUN, his name was withdrawn as a cosponsor of S.J. Res. 21, a joint resolution proposing amendments to the Constitution of the United States relative to the line item veto, a limitation on the number of terms that a Member of Congress may serve, and requiring a vote of two-thirds of the membership of both Houses of Congress on any legislation raising or imposing new taxes or fees.

S.J. RES. 56

At the request of Mr. DURBIN, the names of the Senator from Colorado (Mr. BENNET) and the Senator from Maine (Mr. KING) were added as cosponsors of S.J. Res. 56, a joint resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to ''Borrower Defense Institutional Accountability''.

S. CON. RES. 9

At the request of Mr. ROBERTS, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. Con. Res. 9, a concurrent resolution expressing the sense of Congress that tax-exempt fraternal benefit societies have historically provided and continue to provide critical benefits to the people and communities of the United States.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself and Mr. BROWN):

S. 2650. A bill to amend part D of title XVIII of the Social Security Act to deliver a meaningful benefit and lower prescription drug prices under the Medicare program; to the Committee on Finance.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 2650

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare Prescription Drug Savings and Choice Act of 2019''.

SEC. 2. ESTABLISHMENT OF MEDICARE OPERATED PRESCRIPTION DRUG PLAN OPTION.

(a) IN GENERAL.—Subpart 2 of part D of title XVIII of the Social Security Act is amended by inserting after section 1860D–11 (42 U.S.C. 1395w–111) the following new section:

''MEDICARE OPERATED PRESCRIPTION DRUG PLAN OPTION

''SEC. 1860D–11A. (a) IN GENERAL.—Notwithstanding any other provision of this part, for each year (beginning with 2021), in addition to any plans offered under section 1860D–11, the Secretary shall offer one or more Medicare operated prescription drug plans (as defined in subsection (d)) with a service area that consists of the entire United States and shall enter into negotiations in accordance with subsection (c) with pharmaceutical manufacturers to reduce the purchase cost of covered part D drugs for eligible part D individuals who enroll in such a plan.

''(b) ENROLLMENT.—Notwithstanding subparagraphs (C) and (D) of section 1860D–1(b)(1), a Medicare operated prescription drug plan offered under this section shall serve as the default prescription drug plan for all part D enrollees unless another prescription drug plan is selected.

''(c) NEGOTIATIONS.—Notwithstanding section 1860D–11(i), for purposes of offering a Medicare operated prescription drug plan under this section, the Secretary shall negotiate with pharmaceutical manufacturers with respect to the purchase price of covered part D drugs in a Medicare operated prescription drug plan and shall encourage the use of more affordable therapeutic equivalents to the extent such practices do not override medical necessity as determined by the prescribing physician. To the extent practicable and consistent with the previous sentence, the Secretary shall implement negotiation and incentive strategies similar to those used by other Federal purchasers of prescription drugs to reduce the purchase cost of covered Part D drugs, and other strategies, as described in subsection (f), which may include the use of a pricing scale based on an international price index.

''(d) MEDICARE OPERATED PRESCRIPTION DRUG PLAN DEFINED.—For purposes of this part, the term 'Medicare operated prescription drug plan' means a comprehensive prescription drug plan that offers qualified prescription drug coverage and access to negotiated prices described in section 1860D–2(a)(1)(A). Such a plan may offer supplemental prescription drug coverage in the same manner as other qualified prescription drug coverage offered by other prescription drug plans.

''(e) MONTHLY BENEFICIARY PREMIUM.—

''(1) QUALIFIED PRESCRIPTION DRUG COVERAGE.—The monthly beneficiary premium for qualified prescription drug coverage and access to negotiated prices described in section 1860D–2(a)(1)(A) to be charged under a Medicare operated prescription drug plan shall be uniform nationally. Such premium for months in 2021 and each succeeding year shall be based on the average monthly per capita actuarial cost of offering the Medicare operated prescription drug plan for the year involved, including administrative expenses.

''(2) SUPPLEMENTAL PRESCRIPTION DRUG COVERAGE.—Insofar as a Medicare operated prescription drug plan offers supplemental prescription drug coverage, the Secretary may adjust the amount of the premium charged under paragraph (1).

''(f) USE OF NEGOTIATION AND BENEFIT DESIGN INCENTIVES.—

''(1) IN GENERAL.—With respect to the operation of a Medicare operated prescription drug plan and in negotiating with respect to the purchase price of covered part D drugs in such plan, the Secretary shall reward value, increase appropriate use of drugs, and ensure patient safety and access to medications.

''(2) ROLE OF AHRQ.—The Director of the Agency for Healthcare Research and Quality,

in coordination with the Administrator of the Centers for Medicare & Medicaid Services, shall be responsible for assessing the clinical benefit of covered part D drugs and making recommendations to the Secretary regarding the negotiated prices of covered drugs and any appropriate tiering or incentive strategies under the plan. In conducting such assessments and making such recommendations, the Director shall carry out the following activities:

''(A) Consider the comparable international price of such drugs based upon the median retail list price of such drug (which shall be, as practicable, the volume-weighted price for comparable units and dosage forms) among a category of at least the following peer reference countries: Canada, the United Kingdom, France, Japan, Australia, and Germany.

''(B) Consider safety concerns and postmarket data, including those identified by the Food and Drug Administration and from national health registries.

''(C) Use available data and evaluations, including from research supported by the National Institutes of Health, with priority given to randomized controlled trials, to examine clinical effectiveness, comparative effectiveness, safety, and enhanced compliance with a drug regimen.

''(D) Use the same classes of drugs developed by United States Pharmacopeia for this part.

''(E) Consider evaluations made by—

''(i) the Director under section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003;

''(ii) other Federal entities, such as the Secretary of Veterans Affairs; and

''(iii) other private and public entities, which may include the Drug Effectiveness Review Project and Medicaid programs.

''(F) Consider recommendations made by the advisory committee pursuant to paragraph (3)(F).

''(G) Recommend to the Secretary those drugs in a class that provide a greater clinical benefit, including fewer safety concerns or less risk of side-effects, than another drug in the same class.

''(3) USE OF ADVISORY COMMITTEE.—

''(A) IN GENERAL.—The Secretary shall establish and appoint an advisory committee (in this paragraph referred to as the 'advisory committee')—

''(i) to review petitions from drug manufacturers, health care provider organizations, patient groups, and other entities regarding negotiated prices; and

''(ii) to recommend any changes in order to further negotiations with respect to such prices.

''(B) COMPOSITION.—Subject to subparagraph (C), the advisory committee shall be composed of 9 members and shall include representatives of physicians, pharmacists, consumers, and others with expertise in evaluating prescription drugs. The Secretary shall select members based on their knowledge of pharmaceuticals and the Medicare population. Members shall be deemed to be special Government employees for purposes of applying the conflict of interest provisions under section 208 of title 18, United States Code, and no waiver of such provisions for such a member shall be permitted.

''(C) BANNED INDIVIDUALS.—

''(i) DRUG COMPANY LOBBYISTS.—No former registered drug manufacturer lobbyist—

''(I) may be appointed to the advisory committee; or

''(II) may be employed by the advisory committee during the 6-year period beginning on the date on which the registered lobbyist terminates its registration in accordance with section 4(d) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603(d)) or the agent terminates its status, as applicable.

''(ii) SENIOR EXECUTIVES OF LAW-BREAKING COMPANIES.—No former senior executive of a covered entity (as defined in clause (iii))—

''(I) may be appointed to the Advisory Committee; or

''(II) may be employed by the Advisory Committee during the 6-year period beginning on the later of—

''(aa) the date of the settlement described in item (aa) of clause (iii)(II); or

''(bb) the date on which the enforcement action described in item (bb) of such clause has concluded.

''(iii) COVERED ENTITY.—The term 'covered entity' means any entity that is—

''(I) a drug manufacturer; and

''(II)(aa) operating under Federal settlement including a Federal consent decree; or

''(bb) the subject of an enforcement action in a court of the United States or by an agency.

''(D) CONSULTATION.—The advisory committee shall consult, as necessary, with physicians who are specialists in treating the disease for which a drug is being considered.

''(E) REQUEST FOR STUDIES.—The advisory committee may request the Agency for Healthcare Research and Quality or an academic or research institution to study and make a report on a petition described in subparagraph (A)(i) in order to assess cost-effectiveness, clinical effectiveness, comparative effectiveness, safety, and compliance with a drug regimen.

''(F) RECOMMENDATIONS.—The advisory committee shall make recommendations to the Director of the Agency for Healthcare Research and Quality regarding the appropriate price at which to begin negotiations on a part D drug pursuant to this section.

''(G) LIMITATIONS ON REVIEW OF MANUFACTURER PETITIONS.—The advisory committee shall not review a petition of a drug manufacturer under subparagraph (A)(i) with respect to a covered part D drug unless the petition is accompanied by the following:

''(i) Raw data from clinical trials on the safety and effectiveness of the drug.

''(ii) Any data from clinical trials conducted using active controls on the drug or drugs that are the current standard of care.

''(iii) Any available data on comparative effectiveness of the drug.

''(iv) Any other information the Secretary requires for the advisory committee to complete its review.

''(g) INFORMING BENEFICIARIES.—The Secretary shall take steps to inform part D eligible individuals not previously enrolled in a Medicare operated drug plan (including such individuals who are newly eligible to enroll under this part) regarding the enrollment of such individual in a Medicare operated drug plan in accordance with this section, including providing information in the annual handbook and adding information to the official public Medicare website related to prescription drug coverage available through this part.

''(h) APPLICATION OF ALL OTHER REQUIREMENTS FOR PRESCRIPTION DRUG PLANS.—Except as specifically provided in this section, any Medicare operated drug plan shall meet the same requirements as apply to any other prescription drug plan, including the requirements of section 1860D–4(b)(1) relating to assuring pharmacy access.''.

(b) CONFORMING AMENDMENTS.—

(1) Section 1860D–3(a) of the Social Security Act (42 U.S.C. 1395w–103(a)) is amended by adding at the end the following new paragraph:

''(4) AVAILABILITY OF THE MEDICARE OPERATED PRESCRIPTION DRUG PLAN.—A Medicare operated prescription drug plan (as defined in section 1860D–11A(d)) shall be offered nationally in accordance with section 1860D–11A.''.

(2)(A) Section 1860D–3 of the Social Security Act (42 U.S.C. 1395w–103) is amended by adding at the end the following new subsection:

''(c) PROVISIONS ONLY APPLICABLE IN 2006 THROUGH 2020.—The provisions of this section shall only apply with respect to 2006 through 2020.''.

(B) Section 1860D–11(g) of such Act (42 U.S.C. 1395w–111(g)) is amended by adding at the end the following new paragraph:

''(8) NO AUTHORITY FOR FALLBACK PLANS AFTER 2020.—A fallback prescription drug plan shall not be available after December 31, 2020.''.

(3) Section 1860D–13(c)(3) of the Social Security Act (42 U.S.C. 1395w–113(c)(3)) is amended—

(A) in the heading, by inserting ''AND MEDICARE OPERATED PRESCRIPTION DRUG PLANS'' after ''FALLBACK PLANS''; and

(B) by inserting ''or a Medicare operated prescription drug plan'' after ''a fallback prescription drug plan''.

(4) Section 1860D–16(b)(1) of the Social Security Act (42 U.S.C. 1395w–116(b)(1)) is amended—

(A) in subparagraph (C), by striking ''and'' after the semicolon at the end;

(B) in subparagraph (D), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new subparagraph:

''(E) payments for expenses incurred with respect to the operation of Medicare operated prescription drug plans under section 1860D–11A.''.

(5) Section 1860D–41(a) of the Social Security Act (42 U.S.C. 1395w–151(a)) is amended by adding at the end the following new paragraph:

''(19) MEDICARE OPERATED PRESCRIPTION DRUG PLAN.—The term 'Medicare operated prescription drug plan' has the meaning given such term in section 1860D–11A(d).''.

(c) RULE OF CONSTRUCTION.—Nothing in this section shall be interpreted to supersede any other negotiation authority granted to the Secretary under Federal law with respect to prescription drug prices.

SEC. 3. IMPROVED APPEALS PROCESS UNDER THE MEDICARE OPERATED PRESCRIPTION DRUG PLAN.

Section 1860D–4(h) of the Social Security Act (42 U.S.C. 1305w–104(h)) is amended by adding at the end the following new paragraph:

''(4) APPEALS PROCESS FOR MEDICARE OPERATED PRESCRIPTION DRUG PLAN.—

''(A) IN GENERAL.—The Secretary shall develop a well-defined process for appeals for denials of benefits under this part under the Medicare operated prescription drug plan (as defined in section 1860D–11A(d)). Such process shall be efficient, impose minimal administrative burdens, and ensure the timely procurement of medications. Medical necessity shall be based on professional medical judgment, the medical condition of the beneficiary, and other medical evidence.

''(B) CONSULTATION IN DEVELOPMENT OF PROCESS.—In developing the appeals process under subparagraph (A), the Secretary shall consult with consumer and patient groups, as well as other key stakeholders, to ensure the goals described in subparagraph (A) are achieved.''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 366—SUPPORTING THE GOALS AND IDEALS OF RED RIBBON WEEK DURING THE PERIOD OF OCTOBER 23 THROUGH OCTOBER 31, 2019

Mr. CORNYN (for himself, Mrs. FEINSTEIN, Mr. RISCH, and Mrs. CAPITO) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 366

Whereas the National Family Partnership started the Red Ribbon Campaign in 1988—

(1) to preserve the memory of Enrique ''Kiki'' Camarena, a special agent of the Drug Enforcement Administration who—

(A) served the Drug Enforcement Administration for 11 years; and

(B) was murdered in the line of duty in 1985 while engaged in the battle against illicit drugs;

(2) to commemorate the service of Special Agent Camarena to the Drug Enforcement Administration and the people of the United States; and

(3) to further the cause for which Special Agent Camarena gave his life;

Whereas the Red Ribbon Campaign is the most longstanding drug prevention program in the United States, bringing drug awareness to millions of people in the United States each year;

Whereas Red Ribbon Week is celebrated every year during the period of October 23 through October 31 by—

(1) State Governors and attorneys general;

(2) the National Family Partnership;

(3) parent-teacher associations;

(4) Boys and Girls Clubs of America;

(5) the Young Marines;

(6) the Drug Enforcement Administration; and

(7) hundreds of other organizations throughout the United States;

Whereas the objective of Red Ribbon Week is to promote the creation of drug-free communities through drug prevention efforts, education programs, parental involvement, and community-wide support;

Whereas, according to the 2018 National Drug Threat Assessment, drug poisoning deaths are the leading cause of injury death in the United States, outnumbering deaths by firearms, motor vehicle crashes, suicide, and homicide;

Whereas approximately 69,000 people died from drug overdoses in the United States in 2018;

Whereas reducing the demand for controlled substances would—

(1) curtail lethal addictions and overdoses; and

(2) reduce the violence associated with drug trafficking;

Whereas, although public awareness of illicit drug use is increasing, emerging drug threats and growing epidemics continue to demand attention;

Whereas a majority of teenagers abusing prescription drugs get those drugs from family, friends, and the home medicine cabinet;

Whereas the Drug Enforcement Administration hosts a National Take Back Day twice a year, on the last Saturdays of October and April, for the public to safely dispose of unused or expired prescription drugs that can lead to accidental poisoning, overdose, or abuse;

Whereas the number of people reporting heroin use during the past 12 months doubled between 2002 and 2018, from 404,000 to 808,000;

Whereas, according to the Centers for Disease Control and Prevention, the number of deaths attributable to methamphetamine has risen every year since 2008 to a high of approximately 12,815 in 2018;

Whereas cocaine availability and use in the United States continued to rise between 2016 and 2018, with total deaths attributable to cocaine exceeding 14,600 in 2018, the highest recorded total in the 21st century;

Whereas fentanyl and the analogues of fentanyl have been devastating communities and families at an unprecedented rate, claiming more than 32,000 lives in 2018;

Whereas the presence of fentanyl poses hazards to police officers and law enforcement agents; and

Whereas parents, young people, schools, businesses, law enforcement agencies, religious institutions and faith-based organizations, service organizations, senior citizens, medical and military personnel, sports teams, and individuals throughout the United States will demonstrate their commitment to healthy, productive, and drug-free lifestyles by wearing and displaying red ribbons during the week-long celebration of Red Ribbon Week: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of Red Ribbon Week during the period of October 23 through October 31, 2019;

(2) encourages the people of the United States to wear and display red ribbons during Red Ribbon Week to symbolize their commitment to healthy, drug-free lifestyles;

(3) encourages children, teens, and other individuals to choose to live drug-free lives; and

(4) encourages the people of the United States—

(A) to promote the creation of drug-free communities; and

(B) to participate in drug prevention activities to show support for healthy, productive, and drug-free lifestyles.

SENATE RESOLUTION 367—CONDEMNING THE HORRIFIC ATTACK IN DAYTON, OHIO, AND EXPRESSING SUPPORT AND PRAYERS FOR ALL THOSE IMPACTED BY THAT TRAGEDY

Mr. PORTMAN (for himself and Mr. BROWN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 367

Whereas, on August 4, 2019, a mass shooting took place in Dayton, Ohio;

Whereas the people of the United States mourn the 9 innocent lives lost in that unthinkable tragedy: Megan Betts, Monica Brickhouse, Nicholas Cumer, Derrick Fudge, Thomas McNichols, Lois Oglesby, Saeed Saleh, Logan Turner, and Beatrice Warren-Curtis;

Whereas the people of the United States express gratitude for the heroic actions of the men and women of the Dayton Police Department who courageously responded to the shooting and saved countless lives;

Whereas the people of the United States express appreciation and gratitude for the first responders who responded quickly to the shooting and the professionals and volunteers who cared for the injured;

Whereas the people of the United States continue to pray for the individuals who were wounded in the attack and continue to recover;

Whereas the people of the United States commit to supporting communities and local businesses that have been devastated by gun violence to help the communities and businesses recover and rebuild;

Whereas the entire Dayton community united in support of the victims and their families; and

Whereas the shooting in Dayton, Ohio, occurred approximately 13 hours after a mass shooting in El Paso, Texas, and the people of the United States mourn the 22 innocent lives lost in that tragedy: Now, therefore, be it

Resolved, That the Senate—

(1) condemns the senseless attack that took place in Dayton, Ohio, on Sunday, August 4, 2019;

(2) honors the memory of the victims who were killed;

(3) expresses hope for a full and speedy recovery and pledges continued support for the individuals injured in the attack;

(4) offers heartfelt condolences and deepest sympathies to the Dayton community and the families, friends, and loved ones affected by the tragedy;

(5) commits to seeking solutions to reduce gun violence, mass shootings, and acts of domestic terrorism in the United States; and

(6) honors the selfless and dedicated service of—

(A) the medical professionals and other individuals who cared for the victims in the community of Montgomery County, Ohio;

(B) the emergency response teams and law enforcement officials who responded to the call of duty; and

(C) the law enforcement officials who continue to investigate the attack.

SENATE RESOLUTION 368—TO AUTHORIZE THE PRODUCTION OF RECORDS BY THE PERMANENT SUBCOMMITTEE ON INVESTIGATIONS OF THE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. MCCONNELL (for himself and Mr. SCHUMER) submitted the following resolution; which was considered and agreed to:

S. RES. 368

Whereas, the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs conducted an investigation into China's impact on the U.S. education system;

Whereas, the Subcommittee has received a request from the U.S. Department of Education for access to records of the Subcommittee's investigation;

Whereas, by the privileges of the Senate of the United States and Rule XI of the Standing Rules of the Senate, no evidence under the control or in the possession of the Senate can, by administrative or judicial process, be taken from such control or possession but by permission of the Senate;

Whereas, when it appears that evidence under the control or in the possession of the Senate is needed for the promotion of justice, the Senate will take such action as will promote the ends of justice consistent with the privileges of the Senate: Now, therefore, be it

Resolved, That the Chairman and Ranking Minority Member of the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs, acting jointly, are authorized to provide to the U.S. Department of Education and other regulatory agencies, law enforcement officials, and entities or individuals duly authorized by Federal or State governments, records of the Subcommittee's investigation into China's impact on the U.S. education system.