

CONGRESSIONAL REVIEW ACT

Madam President, later this week, Senate Democrats are going to use their authority under the Congressional Review Act to force a vote to repeal the IRS's harmful rule that effectively eliminates State charitable tax credits all across the country.

I know my Republican colleagues want to frame this CRA vote as a vote on the State and local tax credit cap they put in place in tax reform. I disagree. I vehemently disagree with that policy and will look to change it as soon as possible.

It has hurt so many people who are middle class and not wealthy in New York and also in suburbs throughout the country. By the way, it is probably one of the major reasons the House flipped from Republican to Democrats. So many of those districts in New Jersey, California, New York, and Pennsylvania were affected by the SALT cap, and people throughout rebelled against their Republican Congress, and they put new people in.

But it affects other things as well. The regulation we will be voting on impacts State charitable credits virtually across every State, ranging in areas from education to conservation, to child care, and more.

Do not take my word for it. In Kentucky, the Community Foundation of Louisville, a major philanthropic organization, has warned that IRS's rule will effectively extinguish the endowed Kentucky program, which has generated more than \$31 million in charitable donations.

Look at South Carolina, where my friend Senator GRAHAM has made clear that this rule will have devastating consequences for the South Carolina Research Authority, which helps start-up companies in his State create new jobs.

Let's go to Colorado, where the Boys and Girls Club of Chafee County warned that "these proposed regulations will severely limit the effectiveness of our Colorado Child Care Contribution Tax Credit," which they say will "limit our ability to address an issue which is fundamental to the economic health of the community." The list goes on and on.

I ask my Republican colleagues, before we vote on the CRA tomorrow, to look at how it affects their State, not just in terms of State and local taxes but charitable contributions, education, homeschool, and many other areas.

The vote is about getting rid of an IRS rule that hinders State programs, like the ones I have mentioned. My Republican colleagues have always proclaimed that they are defenders of States' rights and the 10th Amendment. Here is an opportunity for them to walk the walk and to stop the IRS from making life harder on both taxpayers and local economies. I urge them to vote with us to repeal this rule.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

PRESCRIPTION DRUG COSTS

Mr. THUNE. Madam President, over in the House today, the Ways and Means Committee is marking up Speaker PELOSI's drug bill, the latest installment in Democrats' campaign for government-run healthcare.

Like Democrats' other plan for government takeover of healthcare, the so-called Medicare for All vote, the Pelosi drug bill will ultimately leave Americans worse off when it comes to access to care.

There is no question that the American healthcare system isn't perfect. High drug costs are a problem, and one in four seniors reports difficulty affording medications. Stories of patients being forced to ration pills or abandon their prescriptions at the pharmacy counter are unacceptable, but upending the entire American healthcare system is not the answer.

A strong majority of Americans are happy with their health insurance coverage and the quality of the healthcare they receive. Americans have access to treatments that individuals in other countries simply don't have access to. Take cancer drugs, for example. Between 2011 and 2018, 82 new cancer drugs became available. U.S. patients have access to 96 percent of those new drugs. In Germany, by contrast, patients have access to just 73 percent of those new cancer drugs. In France, it is just 66 percent, and in Japan, patients have access to only 54 percent of these new cancer drugs. In other words, Japanese patients are missing out on access to roughly half of the new cancer drugs that emerged between 2011 and 2018.

So why do Americans have such tremendous access to new drugs while other countries trail behind? Because the U.S. Government doesn't dictate drug prices or drug coverage. That is also the reason American companies lead the world in medical innovation.

Back in 1986, investment in drug research by European drug companies exceeded U.S. investment by approximately 24 percent, but all of that changed—all of that changed—when European governments stepped in and started imposing price controls.

Today, European investment in drug research and development is almost 40 percent lower than U.S. investment. It was 24 percent higher in 1968, and, today, it is 40 percent lower.

Speaker PELOSI's bill would start the process of destroying the system that has produced so much access and innovation for American patients. Her legislation would impose government price controls on as many as 250 medications.

If progressives in her caucus have their way, the bill would impose government price controls on all medications. Either way, the result is likely to look much the same as we have seen before—reduced access to lifesaving treatments and substantially reduced

investment for the prescription drug breakthroughs of the future.

Under the Pelosi bill, Americans could look forward to a future where we might be the ones losing out on a quarter or more of the new cancer drugs that are coming to market.

There is no question that we need to find solutions to drive down drug costs, but the answer to the problem of high drug costs is not to destroy the system that has given American patients access to so many new cures and treatments.

Republicans want to develop bipartisan legislation focused on lowering prescription drug costs without—without—destroying the American system of access and innovation.

The Senate Finance Committee, the Senate Health, Education, Labor, and Pensions Committee, and the Senate Judiciary Committee have spent a lot of time this year working on this issue, and work on truly bipartisan solutions remains ongoing.

Earlier this year, House committees advanced drug pricing legislation on a bipartisan basis, but, unfortunately, House Democrats have made it clear that they are more interested in playing politics than in cooperating on legislation to address the challenges that are facing American families.

Democrats know that the Pelosi drug bill has no chance of passing the Senate, but they have chosen to pursue this socialist fantasy instead of working with Republicans to develop a bipartisan prescription drug bill that isn't just price controls and that might actually go somewhere.

Like the Democrats' larger socialist fantasy, Medicare for All, the Pelosi drug bill will ultimately hurt the very people it is supposed to help, in this case, by restricting their access to lifesaving drugs and future prescription drug innovations. The Pelosi drug bill is a bad prescription for the American people.

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. CORNYN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

DRUG CAUCUS HEARING

Mr. CORNYN. Madam President, this Congress, I have the great honor of cochairing the Senate Caucus on International Narcotics with my friend and colleague from California, Senator FEINSTEIN.

As our country continues to battle the scourge of the opioid epidemic, fight drug trafficking at our borders, and attack illicit drug sources abroad, the work of this caucus could not be more timely or more important. We must do more, I believe, to treat addiction, and we need to do more to stop Americans from using illegal drugs in the first instance.

Earlier this year, we had a hearing to examine the global narcotics epidemic—and it is a global one—and discuss our country's counternarcotics strategy. At this first hearing, we were lucky to have the Secretary of State, Mike Pompeo, as a witness. He spoke in depth about the scope of this problem and how the State Department is working with our friends and allies abroad to curb the supply of these illicit drugs. We learned a lot from Secretary Pompeo and our other expert witnesses about the complexity of this problem and a need for a whole-of-government approach. It was a strong way to kick off our agenda.

I am looking forward to our second hearing tomorrow, which I will talk about briefly, where we will have experts testifying on the public health effects of the most commonly used illicit drug—marijuana.

A 2018 report found that an estimated 43.5 million Americans used marijuana in the last year. That is the highest percentage since 2002. While marijuana is still a prohibited drug under Federal law, we know that more than half of the States have legalized it in some form, making the rise in usage not all that surprising.

Now, there is no shortage of people who claim that marijuana has endless health benefits and can help patients struggling with everything from epilepsy to anxiety to cancer treatments. This reminds me of some of the advertising we saw from the tobacco industry years ago where they actually claimed public health benefits from smoking tobacco, which we know, as a matter of fact, were false and that tobacco contains nicotine, an addictive drug, and is implicated with cancers of different kinds.

We are hearing a lot of the same happy talk with regard to marijuana and none of the facts that we need to understand about the public health impact of marijuana use. We have heard from folks here in Congress, as well as a number of our Democratic colleagues who are running for President, about their desire to legalize marijuana at the Federal level. But for the number of voices in support of legalization, there are even more unanswered questions about both the short-term and long-term public health effects.

Between 1995 and 2014, THC concentration—that is the active ingredient in marijuana—has increased threefold, making today's version of the drug far stronger and more addictive than ever before. It is true that for some people marijuana can indeed be addictive.

There has been an effort throughout the medical and scientific communities to learn more about the public health effects of marijuana use, but the results of these studies haven't provided any definitive evidence. I must say that among all the discussion at the State and Federal level about marijuana use and its benefits and its hazards, Congress really hasn't had an op-

portunity to soberly and deliberately consider this question, which, hopefully, we will be enlightened about tomorrow, about what the public health benefits are of this trend in our country.

A few years ago, the National Academy of Sciences convened an expert committee to review the health effects of cannabis and cannabis-derived products. The committee members were experts in the fields of marijuana and addiction, as well as pediatric and adolescent health, neurodevelopment, public health, and a range of other areas. Their findings were released in January of 2017, and while I will not read you the entire 468-page document, I will tell you that it raised more questions than it provided answers.

For many of the claimed medicinal uses of marijuana, the committee found that there was insufficient evidence to conclude its effectiveness, which is a pretty basic question. The benefits aren't the only thing clouded in mystery—so are the risks. There is simply a lack of scientific evidence to determine the link between marijuana and various health risks. That is something, I would think, Congress and the American people would want to know before we proceed further down this path.

This is especially concerning when it comes to marijuana's youngest users and the impact, for example, on the adolescent brain as it develops. We don't know enough about how this could impair cognitive function or capacity or increase the risk of mental illness or perhaps serve as a gateway for other drugs that are even more damaging to the health of a young person.

With increasing use and a growing number of States giving the green light for marijuana use, we need better answers. At our hearing tomorrow, I am eager to dive into this subject and learn more from our witnesses to help us fill the knowledge gaps that exist when it comes to this subject.

We are honored to have Surgeon General Jerome Adams among our distinguished witnesses. Surgeon General Adams has raised concerns in the past about the increasing use of recreational marijuana among adolescents and its impact on the development of cognitive functions in a growing and developing brain.

We will also hear from Nora Volkow, who is the director of the National Institute on Drug Abuse.

Our second panel includes experts in the fields of psychiatry, psychology, pathology, and epidemiology. So we will get a holistic look at the potential health implications. There is simply too much we don't know about the risks and the claimed benefits of marijuana use, and I am looking forward to hearing from our witnesses tomorrow to get a better sense of the facts as Congress contemplates future legislation.

I appreciate the bipartisan commitment of my colleagues on the com-

mittee, particularly the cochair of the Caucus on International Narcotics Control, Senator FEINSTEIN, so that we can get to the bottom of the risks and benefits associated with marijuana use, and I believe tomorrow it will get us moving in the right direction.

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.

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

The PRESIDING OFFICER (Mr. SCOTT of Florida). Without objection, it is so ordered.

ELECTION SECURITY

Ms. KLOBUCHAR. Mr. President, I come to the floor today to urge the Senate to take action on election security legislation immediately.

It has been 1,005 days since Russia attacked our elections in 2016, and we have yet to pass any kind of comprehensive election security reform. The next major elections are just 378 days away, so the clock is ticking. We must take action now to secure our elections from foreign threats.

Let's review what happened.

In 2016, Russia invaded our democracy. They didn't use bombs, jets, or tanks. Instead, they spent years planning a cyber mission to undermine the foundation of our democratic system. This mission has been called "sweeping" and "systematic" by many, including Special Counsel Mueller. Our military and intelligence officials from both Democratic and Republican administrations, as well as Special Counsel Mueller, made clear and confirmed over and over again that Russia launched sophisticated and targeted cyber attacks that were authorized by President Putin. This includes former Director Coats, President Trump's former intelligence head; Director Wray, the head of the FBI; and the head of Homeland Security. One by one, officials in the Trump administration have confirmed that this happened.

What exactly did Russia do? They conducted research and reconnaissance against election networks in every single State. We used to think it was just 21 States, but this year, the FBI and the Department of Homeland Security under the Trump administration issued a report that confirmed that all 50 States were targeted.

Russia was successful in hacking into databases in Illinois. The Chicago board of elections reported that names, addresses, birth dates, and other sensitive information on thousands of registered voters were exposed. Russia launched cyber attacks against U.S. companies that made the software we use to vote, and they tried to hack into the email of local officials who have elections in their purview.

Investigations are ongoing, but we know Russia hacked into election systems in the Presiding Officer's home