

RUBIO, the Senator from Ohio (Mr. BROWN), the Senator from Ohio (Mr. PORTMAN) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 2777, a bill to assist States, tribes, territories, counties, and cities in implementing the Family First Prevention Services Act, and for other purposes.

S. 2797

At the request of Ms. DUCKWORTH, the name of the Senator from Nevada (Ms. ROSEN) was added as a cosponsor of S. 2797, a bill to amend the Immigration and Nationality Act to require the Secretary of Homeland Security to pale into the United States certain relatives of current and former members of the Armed Forces, and for other purposes.

S. 2805

At the request of Mr. WICKER, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 2805, a bill to improve transit-oriented development financing, and for other purposes.

S. RES. 98

At the request of Mrs. BLACKBURN, the names of the Senator from Indiana (Mr. BRAUN), the Senator from Mississippi (Mr. WICKER) and the Senator from Maine (Mr. KING) were added as cosponsors of S. Res. 98, a resolution establishing the Congressional Gold Star Family Fellowship Program for the placement in offices of Senators of children, spouses, and siblings of members of the Armed Forces who are hostile casualties or who have died from a training-related injury.

S. RES. 292

At the request of Mr. CARDIN, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. Res. 292, a resolution calling on the Government of Cameroon and armed separatist groups to respect the human rights of all Cameroonian citizens, to end all violence, and to pursue an inclusive dialogue to resolve the conflict in the Northwest and Southwest regions.

S. RES. 395

At the request of Mr. BLUMENTHAL, the names of the Senator from Florida (Mr. RUBIO), the Senator from Florida (Mr. SCOTT), the Senator from Alabama (Mr. JONES) and the Senator from Massachusetts (Mr. MARKEY) were added as cosponsors of S. Res. 395, a resolution recognizing the 40th anniversary of the Iran Hostage Crisis, and for other purposes.

S. RES. 408

At the request of Ms. HIRONO, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. Res. 408, a resolution expressing the sense of the Senate that Members of Congress and their staffs, employees of the Executive Office of the President and executive branch agencies, and the President of the United States have a duty to protect the identities of whistleblowers and safeguard whistleblowers from retaliation.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SCHUMER (for himself, Mr. CRAMER, Mr. INHOFE, Mr. ISAKSON, Mr. DAINES, Mrs. GILLIBRAND, Ms. KLOBUCHAR, and Ms. DUCKWORTH):

S. 2815. A bill to require the Secretary of the Treasury to mint coins in commemoration of the National Purple Heart Honor Mission; to the Committee on Banking, Housing, and Urban Affairs.

Mr. SCHUMER. 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. 2815

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 “National Purple Heart Honor Mission Commemorative Coin Act”.

SEC. 2. FINDINGS.

The Congress finds the following:

(1) The mission of the National Purple Heart Honor Mission is—

(A) to commemorate the extraordinary sacrifice of servicemembers of the United States who were killed or wounded by enemy action; and

(B) to collect and preserve the stories of Purple Heart recipients from all branches of service and across generations to ensure that all recipients are represented.

(2) The National Purple Heart Honor Mission first opened its doors on November 10, 2006, in New Windsor, New York.

(3) The National Purple Heart Honor Mission is colocated with the New Windsor Cantment State Historic Site.

(4) The National Purple Heart Mission estimates 1,800,000 service members of the United States were wounded or killed in action representing recipients from the Civil War to the present day, serving as a living memorial to their sacrifice by sharing their stories through interviews, exhibits, and the Roll of Honor, an interactive computer database of each recipient enrolled.

SEC. 3. COIN SPECIFICATIONS.

(a) DENOMINATIONS.—The Secretary of the Treasury (hereafter in this Act referred to as the “Secretary”) shall mint and issue the following coins:

(1) \$5 GOLD COINS.—Not more than 50,000 \$5 coins, which shall—

(A) weigh 8.359 grams;
(B) have a diameter of 0.850 inches; and
(C) contain 90 percent gold and 10 percent alloy.

(2) \$1 SILVER COINS.—Not more than 400,000 \$1 coins, which shall—

(A) weigh 26.73 grams;
(B) have a diameter of 1.500 inches; and
(C) contain not less than 90 percent silver.

(3) HALF-DOLLAR CLAD COINS.—Not more than 750,000 half-dollar coins which shall—
(A) weigh 11.34 grams;
(B) have a diameter of 1.205 inches; and
(C) be minted to the specifications for half-dollar coins contained in section 5112(b) of title 31, United States Code.

(b) LEGAL TENDER.—The coins minted under this Act shall be legal tender, as provided in section 5103 of title 31, United States Code.

(c) NUMISMATIC ITEMS.—For purposes of section 5134 of title 31, United States Code, all coins minted under this Act shall be considered to be numismatic items.

SEC. 4. DESIGNS OF COINS.

(a) DESIGNS REQUIREMENTS.—

(1) IN GENERAL.—The designs of the coins minted under this Act shall be emblematic of the mission of the National Purple Heart Honor Mission.

(2) DESIGNATION AND INSCRIPTIONS.—On each coin minted under this Act there shall be—

(A) a designation of the value of the coin;
(B) an inscription of the year “2022”; and

(C) inscriptions of the words “Liberty”, “In God We Trust”, “United States of America”, and “E Pluribus Unum”.

(b) SELECTION.—The designs for the coins minted under this Act shall be—

(1) selected by the Secretary after consultation with the Commission of Fine Arts and the National Purple Heart Honor Mission, Inc.; and

(2) reviewed by the Citizens Coinage Advisory Committee.

SEC. 5. ISSUANCE OF COINS.

(a) QUALITY OF COINS.—Coins minted under this Act shall be issued in uncirculated and proof qualities.

(b) PERIOD FOR ISSUANCE.—The Secretary may issue coins minted under this Act only during the 1-year period beginning on January 1, 2022.

SEC. 6. SALE OF COINS.

(a) SALE PRICE.—The coins issued under this Act shall be sold by the Secretary at a price equal to the sum of—

(1) the face value of the coins;

(2) the surcharge provided in section 7(a) with respect to such coins; and

(3) the cost of designing and issuing the coins (including labor, materials, dies, use of machinery, overhead expenses, marketing, and shipping).

(b) BULK SALES.—The Secretary shall make bulk sales of the coins issued under this Act at a reasonable discount.

(c) PREPAID ORDERS.—

(1) IN GENERAL.—The Secretary shall accept prepaid orders for the coins minted under this Act before the issuance of such coins.

(2) DISCOUNT.—Sale prices with respect to prepaid orders under paragraph (1) shall be at a reasonable discount.

SEC. 7. SURCHARGES.

(a) IN GENERAL.—All sales of coins issued under this Act shall include a surcharge of—

(1) \$35 per coin for the \$5 coin;

(2) \$10 per coin for the \$1 coin; and

(3) \$5 per coin for the half-dollar coin.

(b) DISTRIBUTION.—Subject to section 5134(f)(1) of title 31, United States Code, all surcharges received by the Secretary from the sale of coins issued under this Act shall be promptly paid by the Secretary to the National Purple Heart Honor Mission, Inc. to support the mission of the National Purple Heart Honor Mission, Inc., including capital improvements to the National Purple Heart Honor Mission facilities.

(c) AUDITS.—The National Purple Heart Honor Mission, Inc. shall be subject to the audit requirements of section 5134(f)(2) of title 31, United States Code, with regard to the amounts received under subsection (b).

(d) LIMITATION.—Notwithstanding subsection (a), no surcharge may be included with respect to the issuance under this Act of any coin during a calendar year if, as of the time of such issuance, the issuance of such coin would result in the number of commemorative coin programs issued during such year to exceed the annual 2 commemorative coin program issuance limitation under section 5112(m)(1) of title 31, United States Code (as in effect on the date of the enactment of this Act). The Secretary of the Treasury may issue guidance to carry out this subsection.

SEC. 8. FINANCIAL ASSURANCES.

The Secretary shall take such actions as may be necessary to ensure that—

(1) minting and issuing coins under this Act result in no net cost to the Federal Government; and

(2) no funds, including applicable surcharges, are disbursed to any recipient designated in section 7(b) until the total cost of designing and issuing all of the coins authorized by this Act, including labor, materials, dies, use of machinery, overhead expenses, marketing, and shipping, is recovered by the United States Treasury, consistent with sections 5112(m) and 5134(f) of title 31, United States Code.

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

S. 2817. A bill to require the Secretary of Health and Human Services to establish an annual reference price for insulin products for purposes of Federal health programs, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. MERKLEY. Mr. President, Canadian historian Michael Bliss wrote in his 1982 book, “The Discovery of Insulin,” that “[w]ith insulin, the stone was rolled away, and diabetes became a matter of the quality of life, not speed of death.”

For thousands of years, human beings have battled diabetes. When the pancreas stops producing insulin, all kinds of bad things happen—heart attacks, stroke, blindness, kidney failure, foot disease, foot amputations, small blood vessels throughout the body being impacted by that high blood sugar. In some cases, within months, individuals waste away, fall into diabetic comas, and die.

All that changed about a century ago thanks to the work of four Canadian scientists—Frederick Banting, Charles Best, J.B. Collip, and John Macleod. These four men discovered how to extract, develop, and refine a pure form of insulin that could be injected into the human body. It changed the world.

Thirty million Americans—almost 10 percent, 9.4 percent, of the American population live with type 1 or type 2 diabetes today. Of those 30 million, 7.4 million depend on insulin for their survival, but one-quarter of the people who depend on insulin for their survival have had to ration their insulin in the past year because of the extraordinary, over-the-Moon cost of this drug that was developed a century ago.

Rationing the drug, and therefore producing episodes or enduring levels of high blood sugar, has extensive health consequences. It does a lot of damage. Diabetic Americans are being gouged by the drug companies, and it needs to stop.

Today I am introducing, in partnership with Senator DURBIN, the End Price Gouging for Insulin Act to end this egregious practice. I want to ensure that every single one of those 7.4 million Americans who need insulin to survive can afford it. I want to ensure that not a single person has to ration their insulin. I can tell you that vision of every person having affordable insu-

lin is what the four scientists who invented it nearly 100 years ago envisioned. They didn't ask for great wealth from their work. They did receive recognition. A Nobel Prize went to two of them for their role in this. They certainly weren't asking for huge payouts or a high price. Do you know what they did? For the health of humanity, they sold their patent to the University of Toronto for \$3 to make insulin available to the world. All they cared about was saving lives. They wanted everyone who needed it to have it.

What do we see today? Almost a century later, the price of insulin is going higher and higher with the extensive greed of the companies that produce it. Over the last decade, the companies selling the four most popular types of insulin have tripled the price of their product—essentially the same product. They tripled the price. Nova Nordisk has two of these drugs; Sanofi has one; Eli Lilly has another—and they all tripled the price.

In 2012, the average price of insulin was about \$234 a month. By 2016, it was \$450 a month. Now we have seen it continue to rise since 2016. They have some explanations. There are some who say: Well, it is due to their vast input into research and development. Remember, these are drugs invented a century ago. Sure, there are slight variations, yes, but the money is going largely to profit.

There are those who say the price is higher because more people need it. More people buying it means more efficiencies, which means the price should drop. The nonprofit Health Care Cost Institute looked at the rising cost of insulin and said the excuses given by the drug companies just straight out aren't true. “It's not that individuals are using more insulin or that new products are particularly innovative or provide immense benefits. Use is pretty flat,” said Ms. Fugelsten Biniek, one of the authors. “And the price changes are occurring in both older and newer products.”

The reason the prices are going up—the companies are charging more—is because they can because we don't negotiate the price of drugs in America by law for Medicare.

These companies have some tricks up their sleeve. One is that when the generic competition gets all lined up, they proceed to pay the generic companies not to produce the generic drug, resulting in sustaining the price gouging in America.

Now, I think this practice is “pay to delay.” I think it is a horrific predatory practice. It is a noncompetitive practice. It should be against the law, but we are not doing our job to make it against the law, apparently.

The other thing is they make slight changes. They produce a new patent on every tiny, microscopic change—it is called the evergreening of patents—so then they can line up a vast array of lawyers and say: If you produce generic

insulin, we will go after you in every which way. We have more lawyers than you have, and we have deeper pockets than you have. So good luck.

The result is a continuation of the extensive price gouging of Americans. A quarter of those 7.4 million Americans who need insulin to treat their diabetes are rationing their prescriptions. Sometimes that means just straight out skipping the doses altogether.

Folks from Oregon have written to me, people like Richard from Beaverton, OR.

Richard needs three lifesaving medications to get by, including the insulin Humalog, which costs over \$1,800 a year. Richard doesn't have \$1,800 to spare. He is 77 years old, blind, and recently finished chemo treatments for bladder cancer. Through it all, he has continued to work odd jobs to supplement his Social Security to be able to put food on the table for him and his wife, to be able to keep their house, and try to pay for those prescriptions.

Another constituent whom I will call Antonio is 58 years old and is living with type 1 diabetes, but like so many others, he has trouble affording the prescription. Antonio either uses insulin samples that he finds in his truck, which are about 10 years old, or he rations out the insulin that he does have to make it last until his monthly disability check comes in, which is when he can afford to get a new refill on the prescription.

This is a terrible strategy for managing an illness. It has led to hospital stays, diabetic ketoacidosis, kidney failure, visual impairment, and other diabetes-related ailments. Yet, from Antonio's perspective, what can he do? He can't afford the massive price increases these major drug companies have put on insulin. As for the generic he would like to buy, those same companies are blocking it from coming to market.

There is also Maria. Maria has sores on her feet because of her diabetes. She has been to the emergency room several times for foot infections. It turns out that her feet keep getting infected because she is forgoing her insulin to be able to afford basic necessities for her family—food, the cost of her housing, and transportation.

It turns out Maria's insurance doesn't cover the \$50 copay on diabetic shoes or her insulin or the injection medication that she takes to reduce her insulin needs, all of which would have reduced or eliminated the need for Maria to go to the emergency room. Yet her insurance does cover the emergency room visits. So, time and again, with her not being able to afford the medicine, that is where Maria ends up.

Another Oregonian whom I will call Phillip is living with type 2 diabetes. He said he takes less insulin than his doctor has prescribed. Why? He isn't able to afford the prescription. Yet Phillip doesn't want his provider to know any of this, because he is embarrassed about it. So his blood sugars are

routinely at high levels and are doing a lot of damage to his body. It has led to the diabetic-related complications of severe kidney damage, visual impairment, peripheral vascular disease, and heart disease.

Think about this for a moment. The pharmaceutical companies are gouging him on the price, but it is Phillip—he who has the diabetes—who feels embarrassed. Shouldn't it be the other way around? Shouldn't the companies be embarrassed about gouging Americans? I think so. The drugmakers are profiting off of sick Americans, and their predatory practices are designed to keep competitors from coming to the market. These are American citizens who are being affected while living in one of the wealthiest nations on the planet—the United States of America. Yet they can't afford a century-old drug that is meant to be freely shared with the world.

It doesn't have to be this way. The same kind of insulin that costs \$373 here in the United States costs \$47 in Australia. Why? The Australian Government negotiates the price. It is past time we stood up for the American people and put an end to the price gouging of Americans.

In France, the drug Lantus is \$47. In Australia, it is \$54. In Germany, it is \$61. In the United Kingdom, it is \$64. In Canada, it is \$67. In the United States of America, it is \$373. That is six times the median price of the drug in these other developed nations.

Why don't we insist that the companies that get all kinds of benefits from being here in America sell to Americans at the median price or at the average price—either one—which is what they sell to the rest of the developed world? Why is it a fair price for every other country, but it is gouging for Americans?

Americans pay the price. Those who have diabetes but who cannot afford that insulin start rationing it and start to see the devastating impacts on their bodies—from the kidneys, to the vision, to the feet, to the heart disease. Then they end up in the hospital, as well, with there being more costs to the U.S. healthcare system. Don't we care about the health of Americans? Are we here to protect greed for these companies or the health of Americans?

Senator DURBIN and I have introduced a bill that says you can't charge more in America than the reference price that is charged in key developed countries around the world—Canada, Australia, Japan—or charge more than the median price in the group of eight of the largest European nations. It doesn't even have to be the lowest price in the world under this formulation. This is called a reference price bill, wherein we essentially attach ourselves to the fair prices charged to the rest of the world.

The drug companies will say: We want to make more money so we can do more research.

Well, raise your price on these other countries while you are dropping the

price for the United States. That is a pretty simple solution that ends the price gouging in the United States of America.

If a company violates this reference price, then it pays a fine of 10 times the difference between the reference price and the price it charges Americans. Where does that money go? It goes to the research and development of new drug products in our bill.

That is the vision. There is no reason that Americans should be paying six times the median price of other developed countries—six times. This is not 6 percent more or 60 percent more, which would be outrageous. This is six times the price charged to other developed countries.

It is way past time that we stood up for the American people, not the greed of the pharmaceutical companies. It is way past time that we stood up for sick Americans like Richard and Antonio and Maria and Phillip and millions more in every one of our States. Millions of Americans are forced to ration their insulin or skip doses altogether because of corporate greed. It is way past time to end the price gouging of Americans.

Let's put this bill on the floor, and let's pass this bill for our citizens across this great land.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 410—ESTABLISHING A MCCAIN-MANSFIELD FELLOWSHIP PROGRAM IN THE SENATE

Mr. JONES (for himself and Mr. ROUNDS) submitted the following resolution; which was referred to the Committee on Rules and Administration:

S. RES. 410

Resolved,

SECTION 1. MCCAIN-MANSFIELD FELLOWSHIP PROGRAM.

(a) DEFINITIONS.—In this resolution—

(1) the term “eligible military veteran” means a veteran, as defined in section 101 of title 38, United States Code, that meets any eligibility requirements established by the Secretary for participation in the program under this section; and

(2) the term “Sergeant at Arms” means the Sergeant at Arms and Doorkeeper of the Senate.

(b) ESTABLISHMENT OF FELLOWSHIP PROGRAM.—

(1) IN GENERAL.—From amounts made available to carry out this section, the Sergeant at Arms shall establish a program through which eligible military veterans may apply for and participate in a fellowship position in the personal office of a Senator.

(2) DESIGNATION.—The program established under paragraph (1) shall be referred to as the “McCain-Mansfield Fellowship Program”.

(3) ESTABLISHMENT OF AN OFFICE.—The Sergeant at Arms shall establish, in the Office of the Sergeant at Arms, an office to administer the McCain-Mansfield Fellowship Program. The office shall develop a process through which—

(A) Senators who wish to participate in the McCain-Mansfield Fellowship Program may notify the Sergeant at Arms; and

(B) eligible military veterans may apply for a McCain-Mansfield Fellowship.

(c) DURATION, NUMBER, DISTRIBUTION, AND AMOUNT OF FELLOWSHIPS.—

(1) DURATION.—A McCain-Mansfield Fellowship shall be for a 2-year period.

(2) NUMBER AND DISTRIBUTION OF FELLOWSHIPS.—Subject to the availability of appropriations—

(A) the Sergeant at Arms shall award not more than 100 McCain-Mansfield Fellowships; and

(B) the Sergeant at Arms shall distribute the McCain-Mansfield Fellowships under this section for an award period in a manner that provides not less than 1 Fellowship position for each Senator wishing to participate in the program.

(3) AMOUNT OF FINANCIAL ASSISTANCE.—The Sergeant at Arms shall determine the stipend or other financial assistance appropriate for each particular McCain-Mansfield Fellowship position under this section, depending on the duties of the position and the recommendations from the Senator offering the position.

SENATE RESOLUTION 411—AFFIRMING THAT STATES MAINTAIN PRIMACY FOR THE REGULATION OF HYDRAULIC FRACTURING FOR OIL AND NATURAL GAS PRODUCTION ON STATE AND PRIVATE LANDS, THAT THE PRESIDENT HAS NO AUTHORITY TO DECLARE A MORATORIUM ON THE USE OF HYDRAULIC FRACTURING ON STATE AND PRIVATE LANDS, AND THAT THE PRESIDENT SHOULD NOT ATTEMPT TO DECLARE A MORATORIUM ON THE USE OF HYDRAULIC FRACTURING ON FEDERAL LANDS (INCLUDING THE OUTER CONTINENTAL SHELF) OR LANDS HELD IN TRUST FOR AN INDIAN TRIBE, UNLESS THE MORATORIUM IS AUTHORIZED BY AN ACT OF CONGRESS

Mr. TOOMEY (for himself and Mr. BARRASSO) submitted the following resolution; which was referred to the Committee on Energy and Natural Resources:

S. RES. 411

Resolved, That—

(1) States maintain primacy for the regulation of hydraulic fracturing for oil and natural gas production on State and private lands;

(2) the President has no authority to declare a moratorium on the use of hydraulic fracturing on State and private lands; and

(3) the President should not attempt to declare a moratorium on the use of hydraulic fracturing on Federal lands (including the Outer Continental Shelf) or lands held in trust for an Indian Tribe, unless the moratorium is authorized by an Act of Congress.

SENATE RESOLUTION 412—EXPRESSING SUPPORT FOR THE DESIGNATION OF THE WEEK OF NOVEMBER 4 THROUGH NOVEMBER 8, 2019, AS “NATIONAL FAMILY SERVICE LEARNING WEEK”

Mr. CORNYN (for himself, Mr. BOOKER, Mr. PORTMAN, Mr. REED, Mr. RUBIO, Mr. WHITEHOUSE, Mr. BRAUN, Ms. KLOBUCHAR, Mr. WICKER, and Ms. WARREN)