

To my friends on the other side of the aisle, the fiscal conservatives, we need your voices.

If this program were going to the urban areas or maybe to the poorer people, we would hear an outcry from certain Members on the other side, but our farmers need the help too. When you waste money on an ag program, the people who are hurt the most are our smaller and family farmers, particularly, in this case, in the Middle West.

For years, my Republican friends in this Chamber accused the Obama administration—unfairly, in my mind—of picking winners and losers in the market. It was one of their favorite talking points. Here, we have the Trump administration literally picking winners and losers among American farmers. Sometimes the winners are not even American. Oftentimes, the losers are the small family farmers who need assistance the most.

I am so glad that my Democrat colleagues on the Agriculture, Nutrition, and Forestry Committee, especially Ranking Member STABENOW, have worked to inject some transparency into the agriculture relief program.

The Trump administration should be using the Market Facilitation Program to help those farmers most in need—period. The Trump administration needs to stop picking winners and losers and make sure all American farmers get the help they deserve.

VETERANS

Mr. President, finally, on veterans—this is another one—when I look at what this administration is doing, and if every American knew all these things, Donald Trump wouldn't stand a chance. This one, I hope, will get out.

I talked a little bit about this yesterday. We all know that so many of our young men and women—my generation—went to Vietnam and risked their lives. Many of them gave their lives for our country. One of the worst aspects of things is that they were not treated as heroes when they came home.

I think America has made up for that now, but here is a way that we are not treating them well at all. Many of them were exposed to Agent Orange, and it became clear that many got sick from exposure to Agent Orange while fighting in Vietnam.

Well, what the VA has found is that certain illnesses are caused by exposure to Agent Orange, and they found that there are four more illnesses that have an Agent Orange link. But quietly and secretly, the Trump administration denied payments to over 60,000 veterans who had these illnesses and who received emergency care at non-VA facilities in 2017.

It has missed deadlines to expand the VA caregivers program to Vietnam and Korean war veterans, and there are some reports that the Trump VA hired doctors on probation, but what is galling at the moment is this Agent Orange situation and hiding the report.

Mulvaney, evidently, the Chief of Staff, just said quietly: We are not

funding it. It took a Freedom of Information Act action to reveal that they were cutting the money off for these folks.

They went to Vietnam. Some of them volunteered. Some of them were drafted. They got sick because of exposure to Agent Orange, and the Trump administration, which loves to have rallies with veterans, cuts the money off from them, saying that Mulvaney said we couldn't afford it.

These veterans could afford to risk their lives for us. We can afford to help them in their hour of need. I hope the administration will reverse its decision.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2 p.m.

Thereupon, the Senate, at 12:48 p.m., recessed until 2 p.m. and reassembled when called to order by the Presiding Officer (Mr. PERDUE).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that I have the right to yield to Senator COLLINS at the end of my remarks.

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

PRESCRIPTION DRUG PRICING REDUCTION ACT

Mr. GRASSLEY. Mr. President, polls show a surprising interest of Americans in the high cost of prescription drugs. It seems to be an issue that unites Americans. I often point out that Washington is an island surrounded by reality. Here inside the Beltway, people are obsessed with partisan impeachment proceedings. It seems like morning, noon, and night, the relentless effort to unseat the President of the United States is a toxic strain of Potomac fever infecting Capitol Hill.

Now, if only Congress would channel every waking minute to fix problems in the real world, wouldn't that be wonderful? So let me provide a reality check. For people living in the real world, impeachment inquiry is not what keeps Americans up at night. It is not what wakes up moms and dads worried sick about paying for their child's insulin. It is not what drains the pocketbooks of seniors and takes a big bite out of people's paychecks. The issue that unites Americans from Maine, to Iowa, to Oregon is the sky-high prices that Americans and the taxpaying public are paying for prescription medicine.

As chairman of the Senate Finance Committee, I am working in a bipartisan way to fix what is broken in our drug supply chain. In February, we called the heads of Big Pharma to testify before the Finance Committee.

Next, we heard from the largest pharmacy benefit managers to examine rebates and unravel the pricing supply chain. There was an awful lot of finger-pointing between the various interests about the soaring drug prices that Americans pay for pharmaceuticals. That finger-pointing, we heard in our committee. Finger-pointing doesn't decrease drug prices because the real problem is there is too much secrecy and not enough accountability in the industry of pricing drugs.

When drug prices grow by leaps and bounds, year after year, it is time to look under the hood. It is time to kick the tires along the drug supply chain and check the gauge on the competition. Why in the world is insulin, just as an example—a drug that has been on the market for nearly 100 years—doubling or tripling in price for patients in the United States? It is surely not that way in Europe.

We have gotten lots of feedback from patient advocates, healthcare providers, and free market proponents. The pushback from Big Pharma reveals that we are really on to something. Congress needs to take its foot off the brake. It is time to deliver real savings, and our bill will deliver real savings to consumers and to the taxpayers. It is time to pass reforms that will cut prescription drug costs for the American people.

Now, some of my colleagues may require a more blunt call to action so I want to use the two-by-four illustration. Join us and score a win for the American people. Otherwise, do nothing and risk being on the losing side of the ballot box next November.

At my annual 99 county meetings where I always hold a Q&A with whatever groups of constituents gather, I hear the same message from people all across the State of Iowa. They have family members and they have neighbors who struggle to pay for prescription management, to manage chronic health conditions, and to treat diseases. Thanks to breakthrough treatments and cures, Americans are living longer and healthier lives.

Many are beating the odds of a diagnosis that would have been a death sentence a generation ago. However, if a loved one is diagnosed with MS or diabetes or cystic fibrosis, no miracle cure will help if Americans can't afford to pay for their medicine. It will not help seniors if sky-high prices drain taxpayer-financed health programs like Medicare and Medicaid. Soaring drug prices are forcing too many Americans to skimp on other necessities or even ration their doses of prescriptions that they take.

Now, I just mentioned, as an example, cystic fibrosis. Last month, the FDA approved a promising new treatment for this progressive genetic disorder. Cystic fibrosis impacts about 30,000 Americans. There is nothing parents will not do to advocate for their child living with this condition. That is how I met one family from Iowa a few

years ago. That is when I launched the bipartisan Senate caucus on cystic fibrosis, to add our voices for awareness and advocacy. Now, I am told the price tag for the new drug is more than \$300,000 per patient, per year.

Without a doubt, this drug raises the roof of hope for tens of thousands of families, but it also raises a red flag about drug prices. If prices keep going through the roof year after year, how will Americans who depend on prescription medicines afford them? America's drug pricing regime is broken. It requires reform to sustain fiscal sustainability and also to steer incubation and innovation forward. It needs more transparency. It needs better incentives. It needs real competition to drive down prices. So all 100 of us have our work cut out for us.

Big Pharma doesn't want the pipeline to the Federal Treasury tightened at all, and they will spend big money to scare people away from reasonable solutions that will deliver real savings and get the best deal for the taxpayers. I referred to our working in a bipartisan way. So, in July, Ranking Member WYDEN and I secured broad, bipartisan support in our Finance Committee—19 denying vote.

Our bill would save taxpayers more than \$100 billion. That is not this Senate saying that. That is the Congressional Budget Office. The bill caps out-of-pocket costs for seniors. The bill saves their households more than \$30 billion. We fine-tuned and improved our bill to gain more momentum and more support. Part of that support and one of the outstanding advocates for what we are trying to do doesn't happen to be a member of the Finance Committee, but it is my good friend from Maine, Senator COLLINS, right here on the floor. I will yield to her in short time.

She is helping lead the fight to reduce drug prices. We have been working together on many issues. I am a former chairman of the Special Committee on Aging, and she is the current chair of the Special Committee on Aging. We are committed to help older Americans lead productive lives. We also share a top priority not to miss a vote. While I might have a stronger voting streak, SUSAN hasn't missed a single vote. I hope Maine appreciates a person who has been in the Senate since 1997 and hasn't missed a single vote.

Senator COLLINS is one of those rare lawmakers who doesn't care who gets the credit, as long as we are doing the right thing. The name of this bill that I am talking about—and I imagine she will refer to—is the Prescription Drug Pricing Reduction Act. That will be the right thing to do, and it will do the right thing. So it is time for Congress to do the right thing.

Just in case I said anything different about Senator COLLINS that is not accurate, she can feel free to correct me, but I now yield to Senator COLLINS, a strong voice for this piece of legislation.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, let me first thank and recognize Senator GRASSLEY for his farsighted, courageous leadership on this issue of vital importance to the American people, the escalating costs of prescription drugs.

Under Senator GRASSLEY's chairmanship, the Finance Committee has held numerous hearings on drug pricing. His diligence, his persistence on this issue has produced the bipartisan Prescription Drug Price Reduction Act, a bold and effective set of proposals that I strongly endorse and look forward to seeing signed into law.

This past century could well be called the age of miracle drugs, from insulin and penicillin to pharmaceuticals that treat cancer, HIV, heart disease, and so many other serious conditions, modern drugs have been proven to improve, extend, and even save lives. In our time, however, we might define a miracle drug as one that has not doubled in price since the last refill. With prescription drugs among the key factors driving up the cost of healthcare, it is essential that we approve policies that both encourage innovation and protect consumers, particularly our seniors.

Demonstrating the importance of this challenge, three Senate committees—the Senate Finance Committee, ably chaired by Senator GRASSLEY, which I mentioned earlier; the Senate HELP Committee, which is led by our friend and colleague Senator LAMAR ALEXANDER; and the Judiciary Committee, which is led by Senator GRAHAM—have advanced bills aimed at reforming our broken drug pricing system.

In addition, the Senate Aging Committee, which I chair, has held eight hearings on drug pricing since 2015 and issued a major report in 2016 on Sudden Price Spikes in Off-Patent Prescription Drugs. Our report highlighted the manipulative schemes employed by Martin Shkreli, who increased the price of a drug that was more than 63 years old—a lifesaving medication—by 5,000 percent in just 1 day.

To paraphrase his words, he could drive up the price of drugs like this one on which he had not spent a dime in the research and development because he could. His price gouging caused real hardships for patients.

Some of the most alarming testimony we have heard on the Aging Committee has come from patients. They describe the financial impact of their prescription drug prices, the depths they have gone to to access medications they need, and how this struggle has affected their health and their overall quality of life. They are truly choosing between paying their electric bill, buying the food they need, and filling their prescription drugs.

An example is a young father from New Gloucester, ME, who discovered that the cost of a 90-day supply of insu-

lin for his 13-year-old son who has type 1 diabetes had more than tripled to more than \$900.

A woman from Falmouth, ME, saw her out-of-pocket costs for the arthritis medication Enbrel that she needs soar from \$10 to \$3,800 per month when she transitioned from her employer-sponsored insurance to Medicare when she retired. She had no choice but to switch medications, which did not work nearly as well for her, but she simply could not afford that out-of-pocket cost.

I will never forget standing in line at the pharmacy counter in Bangor, ME, where I live. The couple ahead of me received their prescription drug and the unwelcome news that their prescription copay was going to be \$111. The husband turned to his wife and said "Honey, we simply cannot afford that," and they walked away, leaving that needed prescription on the pharmacy counter.

I asked the pharmacist: How often does this happen?

His answer: Every day.

The results of exorbitant increases in the price of drugs are that needed prescriptions aren't filled, doses are skipped, and pills are cut in half—all harmful to the patient's health. And why? Because the patient simply cannot afford the exorbitant costs, the skyrocketing costs of these drugs.

This should not happen. We must join together to combat the exorbitant prescription costs that confront more and more Americans every day. More than half of all Americans and 90 percent of our seniors take at least one prescription drug each month. For many, access to these medicines is not only critical to their well-being, but it can literally be a matter of life and death.

For children and adults with type 1 diabetes, insulin is not a luxury or something that is nice to have; insulin is essential to their ability to survive. Insulin was first isolated nearly a century ago in Canada. Yet its cost has soared in recent years.

Another chairman in the Senate who has worked very hard on this issue, along with Senator GRASSLEY, is Senator LAMAR ALEXANDER. He has made it a strong priority of the HELP Committee, on which I serve, to increase transparency and competition in the prescription drug market.

I don't think there is any product that we buy in this country where there is less transparency in the price than the price of prescription drugs and where the supply chain is more rife with conflicts of interest.

Last year, in response to my experience listening to this couple in Bangor, ME, I authored a bill to block pharmacy gag clauses. Under these contractual gag clauses, pharmacists were actually prohibited from volunteering to a consumer that it might well be less expensive to pay out-of-pocket rather than use their insurance. A recent study published by the Journal of the American Medicine Association found

that this new law could help Americans save money in nearly one out of four prescription transactions in a pharmacy.

Another bill I authored in 2017 to promote more competition from lower price but equally effective generic drugs is also showing results. To date, the FDA has granted nearly 200 application requests under the new expedited pathway established by this law, with 12 approvals. That is a much faster pace than in the past.

In June, the HELP Committee reported out the Lower Healthcare Costs Act, which incorporates more than 14 measures to increase drug price competition. I am pleased to say that it includes major portions of the Biologic Patent Transparency Act that I authored with Senator KAINE, and that is cosponsored by Senators BRAUN, HAWLEY, PORTMAN, SHAHEEN, STABENOW, PAUL, and MURKOWSKI. It is intended to prevent drug manufacturers from gaming the patent system. It requires earlier and greater disclosure of the web of patents held by biologic manufacturers, thus making it easier for biosimilar competitors to develop more affordable alternatives without being stymied by the filing of last-minute patents.

According to former FDA Commissioner Scott Gottlieb, if all of the biosimilars that have been approved by the FDA were successfully marketed in the United States in a timely fashion, Americans would have saved more than \$4.5 billion in 2017.

The fact that a biosimilar version of HUMIRA—the best selling drug in the world—has been on the market in Europe for more than a year while American patients must wait until 2023 is a clear example that the biosimilar market is not working as it should.

The Lower Healthcare Costs Act also includes the CREATES Act—a bill that I know Senator GRASSLEY has been very involved in. It addresses the anti-competitive practices of companies that delay or even block access to a sufficient quantity of the brand-name drug needed to conduct the bioequivalency test required by the FDA as part of the generic drug approval process. This addresses one of the major problems identified by the Aging Committee when we looked at this issue starting in 2016, examining the explosion in prices of prescription drugs for which there is no generic equivalent. I am pleased that we are on the verge of taking action to combat and stop this unfair practice.

The HELP Committee bill also requires significantly more disclosure on the costs, fees, and rebate information associated with PBM contracts; that is, prescription benefit managers. I know the Finance Committee bill does as well.

As I mentioned previously, the Finance Committee passed the Prescription Drug Pricing Reduction Act—landmark legislation that would save taxpayers more than \$100 billion and

save seniors more than \$30 billion in out-of-pocket costs for their prescriptions. I strongly support this bill because it strikes the right balance between reducing out-of-pocket costs for consumers without hindering innovation and investment in the next life-saving medications.

The Finance Committee bill also makes crucial improvements to Medicare Part D, such as protecting seniors with an out-of-pocket spending cap—another long overdue change that would ensure that patients with high-cost conditions, such as cancer, multiple sclerosis, and rheumatoid arthritis, can get the medications they need. Furthermore, the bill would protect taxpayers from higher than inflation increases in drug prices, while reducing government spending, premiums, and overall out-of-pocket costs.

The Judiciary Committee has also advanced proposals that would empower the Federal Trade Commission to take more aggressive action on anti-competitive behaviors.

These are three worthwhile pieces of legislation that should be brought to the Senate floor. The work of the Finance Committee, the HELP Committee, and the Judiciary Committee is a tremendous breakthrough that would make such a difference to the American people.

As we continue to find further consensus and a path forward on each of these bipartisan bills, I hope we can also look for additional improvements. For example, as cochairs of the Senate Diabetes Caucus, Senator SHAHEEN and I, along with Senators CRAMER and CARPER, have introduced legislation to address flaws in the system that have allowed pharmacy benefit managers and manufacturers to implement what are truly unscrupulous price increases on lifesaving insulin. I also support a measure introduced by Senators KLOBUCHAR and GRASSLEY to prohibit brand-name drug companies from compensating generic drug companies to delay the entry of a less costly but equally effective generic into the market. That is referred to as “pay for delay.” I am amazed that it is not already illegal under our anti-trust laws. This bill would make it clear that this tactic is no longer permitted.

Congress has a tremendous opportunity to deliver a decisive victory in both lowering healthcare costs and improving healthcare for the people in my State of Maine and throughout America. If we want new medicines to reach consumers who need them, the companies that invest in research and take the risks necessary must see a fair return on their investment, but at the same time, we can no longer allow the price manipulation and the market distortions to continue at the expense of the most vulnerable Americans and their families and ultimately at the expense of every American taxpayer.

We can act to make a real difference in the lives of Americans whose health depends on affordable prescription

drugs. The required policy solutions will not come in the form of a miracle but through hard work and continued bipartisan cooperation.

Let us come together. I urge all of my colleagues to join in supporting the measures we have worked so hard on and that the HELP Committee, the Finance Committee, and the Judiciary Committee have all reported, on a bipartisan basis, recognizing the hardships imposed on the American people. Let us bring these bills to the Senate floor expeditiously.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

NATIONAL DEFENSE AUTHORIZATION ACT

Mr. CRAMER. Mr. President, I come down to the Chamber today to talk a little bit and highlight the vast differences in the priorities between the two Chambers in the U.S. Congress today.

Several of my colleagues will be down here a little later today to talk about and to encourage the passage of the National Defense Authorization Act—a bill, by the way, that passed the Senate in a very strong bipartisan way, reflective of strong bipartisan input, in a vote of 86 to 8. The House also passed their version of the National Defense Authorization Act on more of a party-line vote.

The point being, both Chambers have passed it; the reconciliation of the two bills has begun; the negotiations have begun, but they have been stalled. I think it is a strong reflection of the differences between the two Chambers.

First, I will talk a little bit about why it is important that we do this job. First of all, there have been 58 years in a row that the NDAA has passed the House and the Senate and signed into law. Why? Well, because it is the highest priority of the government—of all the bills we do every year, apart from and very close to appropriations, would be authorization of our national defense programs. That is why it has happened 58 years in a row.

It is important for a number of reasons. One of the things that both the House version and the Senate version of the NDAA does is highlight the importance of space with the creation of a Space Force, as we call it in the Senate, and Space Corps, as they call it in the House. Nonetheless, it is similar, and it represents and recognizes the importance of space domain as a warfighting domain going forward, a priority that our near-peer allies have already recognized in their policies.

Without NDAA passing, that goes by the wayside for at least another year. It also fully funds several national priorities, not the least of which is, of course, the largest pay increase in 10 years for our men and women who wear the uniform.

On a more local level for me, it authorizes the modernization of our nuclear fleet, including the ground-based missiles known as the ICBMs that we have 150 of in North Dakota at Minot.