

abuse of our patent system, and it is coming at a high cost for patients who rely on affordable drugs.

Earlier this year, I introduced a bill with our friend and colleague from Connecticut, Senator BLUMENTHAL, who happens to be a Democrat, to address these anti-competitive behaviors. Our bill is called the Affordable Prescriptions for Patients Act, and it streamlines the litigation process by limiting the number of patents these companies can use in court. So companies are spending less time in the courtroom and, hopefully, more time innovating these new lifesaving drugs, while opening up these drugs once they lose their exclusivity to generic competition and more and more affordable prices for consumers.

This legislation does not stifle innovation; it doesn't limit patients' rights; and it doesn't cost taxpayers a dime. In fact, the Congressional Budget Office estimates it would lower—lower—Federal spending by more than a half a billion dollars over 10 years. This is just savings to the Federal Government for Medicare and Medicaid. Undoubtedly, it would show significant savings for consumers with private health insurance as well.

I am sure it comes as no surprise, then, that this legislation passed unanimously out of the Judiciary Committee; not a single Senator opposed it. That happened in June. This is December, and there has been no movement since then.

We have tried to be patient because we know there are other bills coming from the Health, Education, Labor, and Pensions Committee. There is a bill coming out of the Finance Committee on which the Presiding Officer and I sit. My hope is that we would have been able to make progress on a larger package, but here we are at the end of the year, and there has been no movement. We have been more than patient, but I think there comes a time when patience ceases to be a virtue, particularly when it comes to providing something that would benefit the American people.

There are no concerns about the policies laid out in the bill, as you can see by some of the comments reflected in this chart. Again, our colleague, the Democrat from Connecticut, Senator BLUMENTHAL, said: "This bill offers a positive, solid step toward ending abuses in the use of patents."

Senator DURBIN, who is the Democratic whip, a member of leadership, said:

It is a bipartisan measure that passed the Senate Judiciary Committee. I not only voted for it, I cosponsored it, and I believe it should pass and should become the law of the land.

So imagine my surprise when the Democratic leader objected to a unanimous consent request to pass it a couple of weeks ago. He even went so far as to call this "a manipulative charade" and "a little game," which is strange because he also called it a good

bill. His biggest criticism was it didn't do enough, but as I pointed out then, if you sit around waiting for the big bill to get passed, nothing happens in the meantime, and it is a loss to the American people.

I think it is past time for us to take up this legislation, get it passed, get it signed by the President. Our friends in the House of Representatives have already passed two bills, which, put together, essentially reflect the same policy.

I can't think of any other reason for the Democratic leader to object than pure politics. He doesn't want anybody to get a "win." That also goes for the Senator from Iowa, when she had offered a bill to reauthorize the Violence Against Women Act. She happens to be on the ballot in 2020 as well. The only rationale I can possibly think of that the Democratic leader would continue to object to these bipartisan consensus bills is just that he doesn't want somebody to be able to score a point on this side because he feels like that will disadvantage his candidates in the next election and advantage us.

There comes a time when we need to put those election considerations to the side and focus on making good policy. I happen to believe good policy is good politics.

The truth is, the Democratic leader, in objecting to the passage of this legislation, does have one very big and powerful cheerleader behind him; that is, the drug companies. The drug companies love it when bipartisan legislation gets blocked on the Senate floor for whatever reason. The truth is, they hate this bill, and they don't want to see anything done on this issue. Inadvertently or not, the Democratic leader seems to be providing them a lot of cover right now.

My constituents didn't send me to Washington to play these endless games. They sent me here to get results, and that is exactly what I aim to do.

Mr. President, I ask unanimous consent that as in legislative session, the Senate proceed to the immediate consideration of Calendar No. 132, S. 1416. I ask unanimous consent that the committee-reported substitute be withdrawn; that the Cornyn amendment at the desk be agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Mr. SCHUMER. Mr. President, reserving the right to object.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, my good friend, the Senator from Texas, is just engaged in a gimmick to cover up all that he hasn't done on making drug costs lower. Now, 99 percent of what the public wants is not being allowed on the floor by his leadership when he was the whip, by this leadership, and

now he wants to get well with a bill that is very small.

Open up the floor to debate. We will debate all the big things that will really reduce prices, which people want, and we will debate his bill. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Texas.

Mr. CORNYN. Mr. President, I point out to my friend from New York, I am not the leader or the floor manager of legislation. That is up to Senator MCCONNELL, the Senator from Kentucky. Obviously, there has been foot-dragging on important things like appropriations bills, the USMCA—the important trade agreement with Canada and Mexico—and now there is impeachment mania that has consumed the House of Representatives and has crowded out our ability to get other things done; hence, my loss of patience after waiting since June to get this bill passed.

This isn't a case of my wanting to get well; this is a case of wanting to make the American people well by providing them access to low-cost generic alternative drugs and preventing Big Pharma from engaging in the sorts of gamesmanship that keep drug prices up and keep the American consumer down.

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

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

Mr. CASEY. Mr. President, I ask unanimous consent to speak as in morning business.

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

#### HEALTHCARE

Mr. CASEY. Mr. President, I rise this morning, or I guess this afternoon, to talk about a couple of issues. I will start with healthcare and talk about the Supplemental Nutrition Assistance Program, as well as another piece of legislation we are considering in the next couple of days.

Let me start with healthcare. There is a lot to talk about here. We don't have time for all of it today, but a number of things are happening on the healthcare front that I think most Americans are aware of but maybe have not heard a lot about recently.

I would argue there are three basic threats to healthcare right now—not just healthcare for some but, in large measure, healthcare for all. One is a lawsuit, which is being litigated in the Fifth Circuit Court of Appeals. It is a lawsuit that would wipe out the Affordable Care Act, and that lawsuit has already prevailed at the district court level. It is now before the appellate court, and if that lawsuit were to prevail, the Affordable Care Act—or I

should say it by its full name—the Patient Protection and Affordable Care Act would be declared unconstitutional. That would have ramifications not only for those 20 million who got covered—coverage they didn't have before—but also the tens of millions who have protections they never had before the act was passed in 2010.

If you have a preexisting condition, for example—roughly, one out of two Americans has a preexisting condition—if you have one, you should be very concerned about the result of that lawsuit, the determination of which could be made in a matter of days or weeks. That is a big threat. That is the biggest threat to healthcare for virtually every American or at least every American family.

The second big threat to healthcare is what the administration has undertaken since day one of the Trump administration, and that is the sabotage of the existing system in this regard, especially with respect to the insurance exchanges. What the administration has done is try to take administrative action, action by agencies under the President's jurisdiction, to undermine the exchanges.

How do they do that? Well, they cut the advertising. So when they advertise to say that you can shop for a health insurance plan on the exchanges, they cut the advertising budget by 90 percent. They left 10 percent there. I guess we are supposed to be happy with that.

So they cut advertising by 90 percent. Then they started attacking the contracts for navigators. These are individuals all across the country who sit with people and say: Let me help you go through the options you might have for purchasing insurance or changing your insurance plan.

For example, right now, we are in an open enrollment period, so folks can change their health insurance plans until Sunday—basically, December 15. It would be nice to have a navigator—an assistant, in a sense—sitting next to you if you are making those decisions about your healthcare.

So threat No. 1 to healthcare is the lawsuit; threat No. 2 is the sabotage; and threat No. 3 has not quite played out yet, but I don't know a Member of the House or the Senate in the Republican caucus in either Chamber who is not against the threat—the cuts to Medicare and Medicaid proposed by the administration.

I thought it was bad when the administration—or I should say, House Republicans—back in the spring of 2018 proposed a cut of \$1 trillion to the Medicaid Program over 10 years. That was bad enough. That was dangerous enough. But the administration went further than that. The administration's proposal and, I have to say, unless it is contradicted, the official position of Republican Members of Congress is a 10-year cut to Medicaid of \$1½ trillion—\$1½ trillion. That means the official Republican position in Con-

gress—unless they say they disagree with the President, and I haven't heard any Member say that yet—is that the Medicaid Program should be cut by \$150 billion each and every year for 10 years. That is the proposed cut. That is Medicaid.

By the way, Medicaid is the kids' disabilities and nursing home program, for shorthand. Most of the people helped by Medicaid are folks in nursing homes, low-income children, children from low-income families, and children with disabilities who have a substantial stake in this.

When you consider those three threats—the lawsuit, the sabotage, and the budget cuts—all are bad news, but then when you start getting into the details of each, you realize one aspect of this, which I wanted to raise today, and that is the adverse impact on children.

We are told by the Georgetown University Health Policy Institute Center for Children and Families—I am holding up a November 2019 summary of a report, a back and a front. I will not read all of it and I will not enter it into the RECORD because there is a lot of detail here that we probably can't enter into the RECORD. I do want to read into the RECORD a couple of highlights from it, though. These folks have been doing research on children's health insurance for many years and have spent their lives working on this. The headline reads “The Number of Uninsured Children is on the Rise.”

The United States of America, which finally, decades after passing the Medicaid Program, which was a great advancement in children's health insurance, then added to that with the enactment in the 1990s of the Children's Health Insurance Program—it had the letter “S” before it, the SCHIP program—which really was adopting programs that have been adopted in my home State of Pennsylvania and a few others.

That same country which made a great advancement for children's health with Medicaid—tens of millions of kids—then made a greater advancement with the Children's Health Insurance Program and then made even more substantial gains when we passed the Patient Protection and Affordable Care Act and substantially drove down the number of uninsured Americans. Basically what happened was that about 20 million people got healthcare coverage in about 6 years—not even a decade. A number of those Americans were children.

As we were substantially driving down the uninsured rate, what has happened in the last 2 years? The uninsured rate is going up. The Census Bureau told us in September that the uninsured rate is going up by 2 million people—to be exact, 1.9 million people. A big share of the 1.9 million people who are now uninsured—that number is going up instead of down, as it had been for most of the decade—a lot of those are children.

Here is a summary of finding No. 1 in this report by the Georgetown University Health Policy Institute Center for Children and Families, November 2019. It is by Joan Alker and Lauren Roygardner. “The number of uninsured children in the United States increased by more than 400,000 between 2016 and 2018, bringing the total to over 4 million uninsured children in the nation.”

That same Nation which made great advancements by lowering the number of uninsured children is now going in the wrong direction.

Finding No. 2: “These coverage losses are widespread, with 15 states showing statistically significant increases in the number and/or the rate of uninsured children.”

The following States are listed: Alabama, Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Missouri, Montana, North Carolina, Ohio, Tennessee, Texas, Utah, and West Virginia. That is significant. Those States are represented in some cases by two Democratic Senators, sometimes two Republican Senators, and sometimes Senators of both parties. So it is happening in a widespread fashion. The rate of uninsured children is going up.

Finding No. 3: “Loss of coverage is most pronounced for white children and Latino children (some of which may fall into both categories).”

The other category where the number is going up substantially is younger children, under the age of 6. So we are not just talking about children losing coverage; we are talking about that number being more pronounced for children under the age of 6.

This also includes children in low- to moderate-income families who earn between 138 percent and 250 percent of the poverty level, meaning a little more than 29,000 bucks to 53,000 bucks annually—“bucks” is my word, not the report's word—\$29,435 to \$53,325 annually for a family of three. So these folks who are struggling in a lot of ways—low-income families trying to climb that ladder to get to the middle class, in many cases working two or three jobs, trying to make ends meet—at least in many cases, their children had coverage, and now children in those families are losing coverage.

Point No. 4 and the last point: “States that have not expanded Medicaid to parents and other adults under the Affordable Care Act have seen increases in their rate of uninsured children three times as large as states that have,” meaning States that expanded Medicaid. The expansion of Medicaid was part of that advancement I talked about.

The three threats to healthcare are bad enough. It is especially bad when you consider that the Americans who are carrying the heaviest burden of that uninsured rate going up are, in fact, children.

The second thing I want to raise is the Supplemental Nutrition Assistance Program. We had a great effort undertaken in the 2018 farm bill. There were

efforts by some to cut the Supplemental Nutrition Assistance Program, which we used to know as food stamps. Fortunately, those efforts to cut the program and to knock people off of the SNAP program were unsuccessful.

We came together in a bipartisan effort in both the House and the Senate, and the President signed it into the law just about a year ago—December 2018. The ink was barely dry on his signature when his administration and the Department of Agriculture started to think of other ways to do the same thing to SNAP they couldn't do by way of legislation.

So where are we? Well, we have had basically three proposals over the course of the last year by the administration that would take 4 million people out of the SNAP program, kick 4 million people off the program.

Here is what one of those proposals would do: According to the U.S. Department of Agriculture's own estimates, the proposed changes to one part of SNAP called categorical eligibility would eliminate millions from the Supplemental Nutrition Assistance Program, and it could also leave nearly 1 million children without access to free school meals. I don't know about everyone here, but I think that is a step in the wrong direction.

The Supplemental Nutrition Assistance Program is important not only for those families—many of them working families, many of them with a child in the household who needs food assistance, who faces food insecurity without SNAP—many of those same families might have a child and an individual with a disability in the same household or one or the other. That is the SNAP program.

By the way, everyone else in the country benefits when people spend those SNAP dollars because when you provide those dollars and folks buy food, guess what happens. You guessed it. The economy gets a jump-start from that activity. The SNAP program isn't about just the people who are directly benefiting. I think we have an obligation to help them, for sure. We all benefit when there is economic activity. There is more than a bang for the buck in the SNAP program; you spend a buck, and you get a lot more than a buck in return.

This is all in the context of where we are with a lot of families. We hear a lot on the floor of this Chamber and I am sure on the floor of the other body, the House, about "Well, certain people shouldn't get this benefit," and some make an argument against that.

It is interesting that in the SNAP program for many years now, not just for the last couple of years, the payment error rate in that program has been way down, the lowest levels ever. Why? It is because of good efforts to detect fraud, and also technology allows payments to be tracked. The payment error rate is at its lowest level ever. Yet we still have efforts undertaken to knock people out of the pro-

gram. That is not just insulting, it is very dangerous to people's lives.

I hope Members of the Senate will tell the administration to back off those proposals that have been undertaken to knock literally, if you have the effect of all three proposals, 4 million people off of the program, many of whom are children.

This all happens in the context of those healthcare issues I raised before. The same child or the same family who might have their SNAP benefits cut or taken away might be the same family who is losing their coverage because of cuts to Medicaid and Medicare or because of the uninsured rate going way up in a country that was driving it way down. Both are happening at the same time.

#### BIPARTISAN AMERICAN MINERS ACT OF 2019

Mr. President, I want to raise another issue, and then I will conclude. This is about coal miners across the country but in particular in a couple of States, like my home State of Pennsylvania, and I know this is true of Kentucky and Virginia and West Virginia, just to name several—or I should say the main States we are talking about here.

The Bipartisan American Miners Act of 2019, S. 2788—I know Senator MANCHIN and others have spoken about this. We are trying to get this legislation or some version of this passed by the end of this year. I won't go through all the details of the legislation, but it attempts to help on the miners' pension issue—and these are obviously retired coal miners—as well as the healthcare for those same miners, those same families.

I will make a comment about what this means. Many of those same families had to wait way too long—several years—before this body acted to provide a measure of relief to some of those retired miners on healthcare. The job isn't done yet on healthcare but even more so on pensions.

The point I have always made here is that our government made a promise to them decades ago. In fact, it was the time when President Truman was in office in the late 1940s. We made a promise to coal miners at that time.

In that whole intervening time period, those decades, they kept their promises. Many of them were sent overseas to fight in wars, from World War II, to Korea, to Vietnam and beyond. They kept their promise to the country by fighting for their country. They kept their promise to their employer by going to work every day in the most dangerous job in the world, likely. I am not sure there is one that is more dangerous. They kept their promise to their families to go to work and to support them, sometimes on that one income of a coal miner.

In my home area of Northeastern Pennsylvania, the novelist Stephen Crane—he is known for the "Red Badge of Courage," but what he is not known for as much is an essay he wrote about coal mining in the late 1800s—1890s to

be exact. He described all the ways a coal miner could die in a coal mine. He described the coal mine as a place of inscrutable darkness, a soundless place of tangible loneliness, and then walked through the ways a miner could die.

I know we have advanced from the 1890s—thank God we have—but there are still coal miners in the recent history of this country who have lost their lives. All they have asked us to do—they haven't asked us to come up with some new fancy plan for them and their families; all they have asked us to do is to have this government—the executive branch and the legislative branch—keep the promise to coal miners and their families with regard to healthcare and pensions. Both of those parts of our policy are promises.

So when we work on this between now and the end of the year to try to find a solution, we will be only meeting that basic obligation of keeping our promise to retired coal miners and their families like they kept their promise to their country.

I yield the floor.

The PRESIDING OFFICER (Mr. ROMNEY). The Senator from Kansas.

#### TRIBUTE TO KELLY MCMANUS

Mr. MORAN. Mr. President, today, I want to take a moment to recognize the contributions of Kelly McManus. She is a member of my staff. She is U.S. Army MAJ Kelly McManus, who has spent the last year working in my personal office as part of the U.S. Army Congressional Fellowship Program.

Before Kelly departs my office here at the end of the year to return to the Big Army, I rise to express my appreciation to Major McManus for all of her hard work and dedication and service to our Nation.

Kelly's 10 years of service in the U.S. Army have developed her leadership abilities and shaped her perspective on major defense issues of national significance. These assets and attributes have made her an invaluable asset to our team as we work to serve Kansans, servicemembers, and veterans.

Before joining our office, Kelly's assignments had taken her around the world in service of our country. She deployed to both Iraq and Kuwait to support operations New Dawn and Spartan Shield, from 2011 to 2012, served as the medical planner for the Allied Land Command in NATO headquarters in Izmir, Turkey, and reported to Wiesbaden, Germany, to serve on the personal staff of the U.S. Army Europe headquarters commanding general, LTG Ben Hodges.

Kelly has also served stateside, leading her detachment through deployment in Fort Dix, NJ, in support of Hurricane Sandy relief efforts and commanded a medical company in the 2nd Infantry Division at Joint Base Lewis-McChord in Washington State.

Kelly joined our team in January 2018. From day one, she embraced Kansas, its people, and the challenges they face day in and day out. On her first official trip to Kansas, she visited our