

over 1.9 million miles or, if you were to put it relative to the Moon, there would be eight stacks—seven stacks that go directly to the Moon and one further stack that would be 95 percent of the way there.

These are astonishing sums that we are talking about, and the majority party here wants to jam this through using the reconciliation process—no consultation with our side. They want to just blow it through here with 20 hours of debate, a vote-arama, pass \$1.9 trillion in spending, and go home, having no consideration whatsoever about the fact that we are mortgaging our children's futures. At some point in time, there will be a day of reckoning—a debt crisis—and it won't be pretty.

My suggestion, at least as we consider this, is to actually have a debate. Let's have a discussion. Let's consider the amendments. Let's not do this in 20, 24, 30 hours. Let's take the time to seriously consider what we are doing to our children in contemplating spending a stack of dollar bills over 135 miles high, extending more than halfway to the Moon.

I yield the floor.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Ms. HASSAN). Without objection, it is so ordered.

The Senator from Ohio.

MULTIEMPLOYER PENSION SYSTEM

Mr. BROWN. Thank you, Madam President. This week, we have an opportunity to finally deliver for millions of retirees and workers and small businesses by saving America's pensions. The multiemployer pension system is on the verge of collapse, threatening the livelihoods of more than a million Americans and thousands of small businesses from New Hampshire to Ohio, across the country. This affects more than 100,000 workers and retirees in my State alone and millions more around the country. These pension plans were in danger before. Now the economic emergency we are in has accelerated the crisis even further.

Multiemployer pension plans receive contributions based on the hours worked. As workers have been laid off during the pandemic, their employers no longer contribute to the pension plans, while current retirees continue receiving their earned benefits, making the plan even more likely to fail. And if that happens, it won't just be retirees feeling the pain.

Current workers will be stuck paying into pension funds for benefits they will never receive. Small businesses will be left drowning in pension liability they can't afford to pay. Small businesses that have been in the family for generations could face bankruptcy, and workers will lose jobs in businesses which have been forced to close up shop. The effect will ripple across the

entire economy at a time when we can least afford it.

The Chamber of Commerce has said:

The multiemployer pension system is an integral part of [our] economy.

It is not only union businesses that participate in these plans that will close their doors. This will devastate small communities across the industrial heartland. Small businesses in these communities are already hurting because of the virus. That is why we have to get this done.

After a lifetime of hard work and service to our country, these workers and retirees have already waited far too long for Congress to do the job we should have done. We have been trying to solve this for years. Unions, the Chamber of Commerce, small businesses pretty much agree we need to get this done.

The House has done its part. They have passed a solution multiple times. Every time it stopped because of MITCH MCCONNELL and the U.S. Senate. He has deliberately blocked it. We have continued to try. The House does it year after year. People like the Presiding Officer and others have fought for this in the Finance Committee, have fought for this on the Senate floor, and we simply haven't been able to move it.

Now that Senator MCCONNELL is out of the way, we can finally keep the promise to these workers and their families. They spent years working on assembly lines, bagging groceries, driving trucks, working to keep our economy going, and money came out of every single one of their paychecks to earn these pensions.

People in this town don't always understand the collective bargaining process. People give up dollars at the bargaining table today for the promise of a secure retirement with healthcare and a pension. That is what collective bargaining is. Union workers sit down with each other and their employer, talk about giving up wages. They are willing to give up wages today to have a more secure future. What is more American than that?

For years now, they have lived in fear of drastic cuts. One retiree from Michigan told us he would lose two-thirds of his income and that "at 71 years old, there's no jobs out there that we could get to recover what we'd lose."

He said:

Pass the Butch Lewis Act so . . . we can take this weight off of us, and retire with the dignity that we earned for 30, 40, 50 years of hard working labor.

It is always the same story. When Wall Street is in trouble, there is a bailout. When corporations need something, the stock market is in trouble, the Washington elite drop everything to help. But these workers, they are not asking for a bailout; they are not asking for a handout; they are just asking for what they earned.

These workers have been in the fight for years. Their activism has gotten us

this far. They have traveled all day and all night on buses. They have rallied outside in the bitter cold, in the hot DC summer, all trying to get people in this town to listen.

Let's finally deliver for them. Let's give them peace of mind. Let's keep this promise. It comes back to the dignity of work. When work has dignity, we honor the retirement security people earned. When work has dignity, we honor their retirement security that they gave up at the bargaining table in collective bargaining.

I urge my Republican colleagues in this body—colleagues with healthcare and retirement plans paid for by taxpayers, including these taxpayers that have been paying into their own pension funds for years. I urge my Republican colleagues to think about these retired workers and think about the small business owners. Companies like Smucker's—there is a baker in Navarre, OH. Think of the candy company, Spangler, in Bryan, OH—companies like that. Think about these retired workers. Think about these small business owners and think about the stress they are facing.

I have listened to my colleagues' speeches for years, extolling the values of hard work and the virtue of small businesses. This is your chance to live up to your own words, to show Americans if you work hard all your life, your government will, in fact, be there for you.

Join us, and let's pass a solution that really indeed does honor the dignity of work.

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

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

TRIBUTE TO DR. ELLEN HODGES AND ELIZABETH BATES

Mr. SULLIVAN. Madam President, it is that time of the week that our pages—when we had them—used to always look forward to. It is the time of the week that I come down on the floor and talk about someone in Alaska who is making a huge impact on my State, a lot of times for the country. These two Alaskans I am going to talk about actually have gotten national news for the great work they are doing, somebody we call our Alaskan of the Week. It is usually about a group of individuals, one, two, maybe a group of people who are helping make Alaska what, in my view, is the greatest State in the country—resilient, tough, generous, kind, unique.

Like so many States, this pandemic has really hit Alaska hard—tourism for sure. The oil and gas sector last year was really hit hard with low prices. Unfortunately, this year, with the Biden

administration's attacks on this sector of the United States and Alaska's economy, it is tough; commercial fishing, tough. It has been a tough year economically. But an area of good news during the pandemic, one that I am very proud of for all of my constituents, involves how we in Alaska have responded on the health side. Vaccines, testing, death rates—we have consistently been the top State rated in all of these categories throughout the pandemic, which is kind of amazing given that we are a very, very big State with a very small population.

I know that so many Americans watching right now want to get back out, visit Alaska. Our Governor, Mike Dunleavy, recently tweeted:

With the best vaccination efforts [in the country] & some of the lowest COVID numbers in the country, Alaska is open for business . . . safe for travelers!

So come on, America, get back up to Alaska. Love to have you.

So this is all very true. Our vaccination efforts are viewed as the best in the United States of America, and the great lengths that so many in Alaska have gone through to make it so have captured the country's imagination. These efforts just in the last couple of weeks have been featured all across the country—USA TODAY, "Good Morning America," the Washington Post, the New York Times, a great piece by Bloomberg News, and so many others. So big thanks to the press corps, the national press corps, for featuring my State's efforts and importantly the heroic work being done to distribute life-saving vaccines to a State that is more than 2½ times the size of Texas. Sorry there, Senator CORNYN, Senator CRUZ. It is true.

Most of the geography of Alaska is dotted with small villages without roads in freezing-cold temperatures. I was in Fairbanks last weekend—just a couple of weeks ago in Fairbanks. It almost hit 40 below. That is cold.

All across Alaska, our healthcare workers are jumping on boats, single-prop airplanes, snow machines, and, yes, in a couple of cases, dog sleds to bring the vaccine and hope to their fellow Alaskans. And it shows.

As of a few days ago, close to 160,000 Alaskans had received at least their first vaccine dose. That is about 21 percent of our State's population.

Now, in Southwest Alaska, what we called the Yukon-Kuskokwim Delta, or the YK Delta—those are two giant rivers that come together—these efforts have been particularly impressive. That is largely thanks to the amazing people at the YK Health Corporation, or YKHC, which is the YK Delta's Tribal health provider. The whole organization, consisting of just about 90 healthcare professionals, serves around 28,000 people in the YK region, which is about the size of Oregon, so a huge area, not a lot of people.

Prior to the vaccine, the YK Delta had been stricken by COVID-19 with one of the highest infection rates in

the country, in a very far-flung place in terms of the dispersal of the population. It is the efforts of two women there in the YK Delta, Drs. Ellen Hodges and Elizabeth Bates, who are our Alaskans of the Week, who have been in charge of getting the vaccine to roughly 50 remote villages in Southwestern Alaska. Spread out over a territory, as I said, about the size of Oregon, the village populations in the YK Delta range from about 1,200 people to as small as 10 in terms of population.

Let's start with Dr. Hodges. She is the chief of staff at YKHC. She grew up in rural Minnesota. After graduating from the University of Minnesota Medical School, Dr. Hodges came to Anchorage as a resident in 2002, eventually making her way to Bethel, which is the hub village. It is a big community, the biggest in the YK Delta. She absolutely fell in love with the area. She said it has everything—very friendly people, authentic. It is beautiful. Soon enough, her patients turned into her family. Also soon enough, she was—according to Tricia Franklin, Alaska's director of the State Office of Rural Health Division—"the go-to person for how things are working in rural communities" and how to get things done.

She worked in the emergency room tending cuts, bruises, broken bones. She delivered babies. She worked tirelessly to contain a number of tuberculosis outbreaks in the region. And then the virus hit, and as I mentioned, it hit the YK Delta region very hard with some of the highest COVID rates in America.

There are reasons for that: the multigenerational housing, very crowded housing in this region; communal lifestyle; and also—here is a big one, and it should be a shock for every American listening—about 50 percent of the households in this region of America lack running water. Let me say that again. Some of the most patriotic communities in the country, as Alaska Natives serve at higher rates in the military than any other ethnic group in the country, live in communities that don't have running water or flushed toilets—American citizens.

It is wrong. It is wrong. And we need—we the U.S. Senate, Congress—to continue to work on this issue. How do you wash your hands five times a day, as the CDC wants you to do during the pandemic, when you don't have running water or flushed toilets? We need to keep working on this. It is a disgrace, to be honest.

So what happened when COVID hit in this region? Because of a lack of sanitation and many other problems, precious lives were being lost. Elders, who are vital to pass on the traditional wisdom of the Native Alaskan culture and heritage, were being lost. Because of a lack of functioning sanitation, even young people, whom this virus doesn't really impact, were starting to have respiratory illnesses and getting sick, and some were even dying. That is hor-

rible. It was terrifying, particularly for an area that is still dealing with the multigenerational trauma of previous pandemics, particularly the Spanish flu of 1918, which in several Alaskan Native communities wiped out entire communities; 60, 70 percent mortality rates from that flu. So we needed to get to work fast, particularly in this region.

Enter another intrepid doctor and our Alaskan of the Week, Dr. Elizabeth Bates. Dr. Bates arrived in Bethel in December of 2018—just a little over 2 years ago—and she found a community that she loved. She had experience working in women's health and infection control and emergency care and disaster relief. She has great experience across the country—really, across the world. As a doctor, she worked with patients during 9/11, Hurricane Katrina, and has spent time even in refugee camps in Rwanda.

In Bethel, she was in charge of setting up testing centers for the region. Working hand in glove with Dr. Hodges, she started one of the first drive-through and airport testing sites in rural Alaska, much of it outside in the cold weather under tarps.

But we all know that testing alone, particularly, as I said, when people are living so closely together and don't live in places where you can wash your hands frequently, wasn't nearly enough. They tried everything—public service announcements, reaching out to villagers, helping them use bleach to sanitize. It was a 24/7 effort, but, as I said, it wasn't enough. The virus was spreading rapidly. They were losing. People were dying.

Then on December 18, a few days before winter solstice—the darkest day of the year—hope came to Bethel, AK, because the first vaccines arrived. Thanks to the great work of so many scientists, government workers, private sector workers, Operation Warp Speed, the vaccine arrived on December 18 to the YK Delta. These two intrepid doctors I have been talking about cried. They had seen a lot of death and struggles in the region, and like a Christmas miracle, this vaccine arrived. They hugged each other, and then they got to work.

As I said, there are roughly 50 remote villages in the YK Delta spread out over a territory about the size of many States in our country—as a matter of fact, bigger than most States in our country—so they traveled on small planes, trucks, on ice roads, snow machines, dog sleds.

Their operation, Project Togo, is named in reference to one of the famous sled dogs that helped carry the diphtheria serum to Nome, which, of course, is the original inspiration for the Iditarod Sled Dog Race. Sometimes it was so cold that they had to keep the syringes filled with COVID serum under their clothes, lest the serum froze.

The operation that they initiated and organized has hit every single village,

all 50 in the YK Delta, bringing the vaccine to pretty much anyone who wants it. In some villages, they have been able to vaccinate as much as half the population. As a result, the numbers of COVID infections and deaths are plummeting in this region, and hope is spreading.

This great team, Drs. Hodges and Bates, as well as all in the community and all working at YKHC, have made a huge difference, and this team has created a special bond that nobody will forget.

Dr. Bates, a relative newcomer to Alaska, says that the experience has made her fall in love with the YK Delta region even more. She bought a home. She intends on staying. She describes the beauty of the region, something that she appreciates even more now, as "Our sky is huge. . . . We have a front-row seat to the entire universe."

These two doctors also have a front-row seat in providing a front-row seat to hope during this pandemic.

So I want to thank both of them again, Dr. Hodges and Dr. Bates, and all those across Alaska who are helping distribute the vaccine.

As I mentioned, right now, Alaska is the No. 1 State in the country per capita in terms of vaccine distribution and the No. 1 State per capita in terms of testing and has one of the lowest death rates. This is really amazing, really, when you see how big and widespread and harsh the weather conditions can be in the great State of Alaska.

Our fellow Alaskans are tough, resilient, and innovative, and Dr. Hodges and Dr. Bates are a huge and essential part of this effort. That is why I want to congratulate them and thank them again for being our Alaskans of the Week.

I yield the floor.

The PRESIDING OFFICER. The assistant majority leader.

ADVANCING EDUCATION ON BIOSIMILARS ACT OF 2021

Mr. DURBIN. Madam President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of S. 164 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 164) to educate health care providers and the public on biosimilar biological products, and for other purposes.

There being no objection, the committee was discharged and the Senate proceeded to consider the bill.

Mr. DURBIN. I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.

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

The bill (S. 164) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 164

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 "Advancing Education on Biosimilars Act of 2021".

SEC. 2. EDUCATION ON BIOLOGICAL PRODUCTS.

Subpart 1 of part F of title III of the Public Health Service Act (42 U.S.C. 262 et seq.) is amended by adding at the end the following:

"SEC. 352A. EDUCATION ON BIOLOGICAL PRODUCTS.

"(a) INTERNET WEBSITE.—

"(1) IN GENERAL.—The Secretary may maintain and operate an internet website to provide educational materials for health care providers, patients, and caregivers, regarding the meaning of the terms, and the standards for review and licensing of, biological products, including biosimilar biological products and interchangeable biosimilar biological products.

"(2) CONTENT.—Educational materials provided under paragraph (1) may include—

"(A) explanations of key statutory and regulatory terms, including 'biosimilar' and 'interchangeable', and clarification regarding the use of interchangeable biosimilar biological products;

"(B) information related to development programs for biological products, including biosimilar biological products and interchangeable biosimilar biological products and relevant clinical considerations for prescribers, which may include, as appropriate and applicable, information related to the comparability of such biological products;

"(C) an explanation of the process for reporting adverse events for biological products, including biosimilar biological products and interchangeable biosimilar biological products; and

"(D) an explanation of the relationship between biosimilar biological products and interchangeable biosimilar biological products licensed under section 351(k) and reference products (as defined in section 351(i)), including the standards for review and licensing of each such type of biological product.

"(3) FORMAT.—The educational materials provided under paragraph (1) may be—

"(A) in formats such as webinars, continuing education modules, videos, fact sheets, infographics, stakeholder toolkits, or other formats as appropriate and applicable; and

"(B) tailored for the unique needs of health care providers, patients, caregivers, and other audiences, as the Secretary determines appropriate.

"(4) OTHER INFORMATION.—In addition to the information described in paragraph (2), the Secretary shall continue to publish—

"(A) the action package of each biological product licensed under subsection (a) or (k) of section 351; or

"(B) the summary review of each biological product licensed under subsection (a) or (k) of section 351.

"(5) CONFIDENTIAL AND TRADE SECRET INFORMATION.—This subsection does not authorize the disclosure of any trade secret, confidential commercial or financial information, or other matter described in section 552(b) of title 5.

"(b) CONTINUING EDUCATION.—The Secretary shall advance education and awareness among health care providers regarding biological products, including biosimilar biological products and interchangeable biosimilar biological products, as appropriate, including by developing or improving continuing education programs that advance the education of such providers on the prescribing of, and relevant clinical consider-

ations with respect to, biological products, including biosimilar biological products and interchangeable biosimilar biological products."

FOOD ALLERGY SAFETY, TREATMENT, EDUCATION, AND RESEARCH ACT OF 2021

Mr. DURBIN. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 578, which was introduced earlier today.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 578) to improve the health and safety of Americans living with food allergies and related disorders, including potentially life-threatening anaphylaxis, food protein-induced enterocolitis syndrome, and eosinophilic gastrointestinal diseases, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. DURBIN. I further ask that the bill be read a third time and passed and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The bill (S. 578) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 578

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 "Food Allergy Safety, Treatment, Education, and Research Act of 2021" or the "FASTER Act of 2021".

SEC. 2. FOOD ALLERGY SAFETY.

(a) IN GENERAL.—Section 201(qq)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(qq)(1)) is amended by striking "and soybeans" and inserting "soybeans, and sesame".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to any food that is introduced or delivered for introduction into interstate commerce on or after January 1, 2023.

SEC. 3. REPORT TO CONGRESS.

(a) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the "Secretary") shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that includes—

(1) descriptions of ongoing Federal activities related to—

(A) the surveillance and collection of data on the prevalence of food allergies and severity of allergic reactions for specific food or food ingredients, including the identification of any gaps in such activities;

(B) the development of effective food allergy diagnostics;

(C) the prevention of the onset of food allergies;

(D) the reduction of risks related to living with food allergies; and

(E) the development of new therapeutics to prevent, treat, cure, and manage food allergies; and

(2) specific recommendations and strategies to expand, enhance, or improve activities described in paragraph (1), including—