four States, pulverizing everything in its path.

From Kentucky, there were reports of objects being lifted 30,000 feet in the air by the force of the tornado. Treasured family photos were found 100 miles away. Sadly, at least 80 people have lost their lives in Kentucky.

In Illinois, we have also suffered staggering losses. Four tornadoes tore across our State between 7:30 and 10 last Friday. The greatest devastation was in Edwardsville, IL, Madison County, where a powerful tornado with winds up to 155 miles an hour peeled the roof off a massive Amazon distribution facility about 9 o'clock. I know the facility. I have been there.

Massive concrete walls 11 inches thick and 40 feet high caved in, trapping employees who were working to fill Christmas and holiday orders. Fire and rescue crews from at least 20 communities rushed to the scene. More than 45 workers managed to escape from that mountain of rubble, but 6 workers died when the warehouse collapsed. The oldest was 62; the youngest was 26. Thirty more workers were hurt. One is still hospitalized with critical injuries.

I know I speak for millions of Americans when I say that our hearts go out to all those who perished in Friday's tornadoes and to those they left behind.

I thank President Biden for responding quickly. Yesterday, our Governor, JB Pritzker, requested an emergency declaration, and of course we joined him. The President issued the emergency order just a few hours after that request. This assistance will help our State immediately, but there is more to do. Our thanks to the Red Cross and so many volunteers, local residents in communities across Illinois, for pitching in to help the victims. Supplementing that fine work are volunteers who have come to help in any way they can.

It was ironic that last week I had a coffee for a man named Jose Andres. Jose Andres is well known by many across the country for his extraordinary efforts to feed hungry people. Last Tuesday, he spoke to us, a few members of our caucus, about his nonprofit organization, the World Central Kitchen. They have come to the rescue of people in need in Puerto Rico and Haiti and all across the United States and around the world.

Today, World Central Kitchen is on the ground in Mayfield, KY, where the tornadoes struck last Friday, providing hot food to the victims. It is a time when America, a divided nation, actually sees our Nation coming together.

The tornadoes didn't distinguish between red States and blue States, between Trump supporters and Biden supporters, and it is my great hope that the Senate will also put aside its politics for a few moments and stand together to help the victims.

BUILD BACK BETTER ACT

Mr. President, on a related matter, while we cannot say that last week's killer tornadoes were directly related to climate change, there is no doubt among scientists that climate change is making the world's weather patterns more volatile and destructive.

How many times in the past year have Members of this Senate come to the floor to respond to a once-in-a-century heat wave or a once-in-a-century storm that has hit their home State? I will just say, for tornadoes, you can't be a kid growing up in the Midwest, as I was, and not know about tornadoes—how many times in the middle of the summer we were rousted from our bed as the sirens went off, and Mom would take us down to the basement, a safe place, until the storm would blow over. That was a summer phenomena.

I just have to remind you that we just went through a December tornado in that same area—unheard of in years gone by.

Over the summer, the Pacific Northwest burned in the worst heat wave on record; there were droughts in Western States; a polar vortex knocked a Texas power grid offline. Each of these deadly and disastrous weather events are related to the next, and it is fair warning to all of us that what is happening to the climate in the United States is happening around the world.

Just yesterday, scientists warned that a glacier the size of Florida is at risk of splitting apart in the next few years, causing catastrophic rise in sea levels that could threaten the millions of people living in coastal areas.

When we talk about Build Back Better, the reconciliation bill, and that part of the bill that is focused on environmental resilience, being ready to protect ourselves and to bounce back, if necessary, when extreme weather hits, it is the topic in this morning's newspaper, and it will be in tomorrow's as well.

We ought to be coming together and finally putting aside our political differences and realize that climate change is the threat to us now and an even greater threat to our children and grandchildren.

Last week, I received a letter from one of the small business owners in our area, Dr. Dane Glueck. A few years ago, he started a company called StraightUp Solar, developing solar energy systems for homes and businesses in my State of Illinois and Missouri.

He wrote and he said: ''Solar is a job-creator, and the long-term tax incentives in the Build Back Better Act for solar, storage, and domestic manufacturing will put us on a path to decarbonize the electric grid, reach the President's 2035 clean energy target, and create hundreds of thousands of quality career opportunities in every community.''

Today, Dr. Glueck employs almost 100 people throughout the Midwest, but with investments in the Build Back Better Act, the reconciliation bill, he is going to expand operation and hire more workers. Let's give him the incentive that he needs.

I heard the Senator from Kentucky, the Republican leader, coming to the floor, and, once again, he is critical of this whole effort. I wish he would stop and reflect on the fact that our incentives to move in the right direction on the environment really are an important part of the conversation we should have after the devastation last Friday in his State and mine and across the Midwest.

It is time to transform our environmental crisis into an economic catalyst.

INSULIN

Mr. President, it turns out it is an anniversary, just this month. You see, in 1921, 100 years ago, a Canadian scientist named Frederick Banting discovered insulin. He sold the patent for this discovery to the University of Toronto for $1. He declared that this lifesaving drug didn't belong to him: ''It belongs to the world.''

He wasn't the only unselfish scientist I can remember. I remember, as a kid, our fear of polio, and along came Dr. Jonas Salk—bless his soul—who discovered the vaccine that we needed to protect ourselves. There was no great political debate. People weren't threatening lawsuits. My mom and dad said: Line up and roll up your sleeve, kid; we are going to do what needs to be done to protect you from polio.

Dr. Jonas Salk gave away the patent to that drug as well. It was a different era, perhaps, when insulin was discovered or the polio vaccine, but we should reflect on the state of play today of that drug, insulin.

One hundred years later, there are 8.4 million diabetics in the United States who rely on insulin. They have to pay—many of them—an exorbitant amount of money for a drug that supposedly belongs to them, according to its discoverer.

As the cost of insulin has risen, average list prices increased 40 percent for insulin between 2014 and 2018.

I am quoting from an article in today's USA Today by Katie Wedell.

Patients and their families shell out hundreds of dollars a month even if they have good insurance.

Rod Regalado is a father of a teen with type 1 diabetes. Do you know what he calls the insulin pricing system? Legal extortion.

This article tells the story of what he went through. He had never heard of a pharmacy benefit manager before 2 years ago, but it was 2 years ago that his son Matt, then 14 years old, was diagnosed with type 1 diabetes, and Mr. Regalado got a crash course in insulin pricing in America today.

His first trip to the pharmacy when his son was released from a hospital came with a $1,000 price tag for all the testing supplies and insulin he'd never purchased before. The next month, when all he had to do was buy more insulin, the price was still north of $400 after insurance.

The single dad of two said he thought he had good insurance until he found himself having to redo his entire household budget to afford the insulin to keep his son alive.

''I thought how do people do this?'' he said.

He is a resident of Tekamah, NE. He started making calls to his insurance company, the pharmacy, and doctors, trying to figure out a way to lower his out-of-pocket expenses for the insulin that his son needed to survive.

Then he called his Congressman. Congressman JEFF FORTENBERRY, a Republican of Nebraska, said in July: ''The harsh reality is that the cost of insulin is artificially high and ever-escalating.''

He has introduced a bill for capping the prices. They call it Matt's Act, after Mr. Regalado's son. Matt's Act would make insulin prices fair for everyone by capping the price at $60 a vial and $20 a vial for those on insurance.

What a dramatic difference that would make for the Regalado family in Nebraska—instead of $400, $20.

The reason I raise that is that the provision in law that we are trying to enact is in the same bill that the Republican leader just came to the floor and told us America cannot afford. The tax increases in that bill—and there will be tax increases—will only apply to people making over $400,000 a year. And yet the Republican leader comes to the floor and talks about this terrible idea of raising taxes.

So let's step back and measure the difference here. Should Mr. Regalado—a single dad, father of two, with a 14-year-old son who needs insulin to live—be paying $400 a month or $20 a month for the insulin—the lifesaving insulin? And to make up the difference, is it unfair to ask someone making over $400,000 a year to pay more in taxes?

You be the judge. I don't even think it is a close call.

What we need to do is to get down to business. I don't know that there will be a single Republican voting to support this effort to reduce the cost of insulin for diabetics. That is just the way politics works in this Chamber, I am afraid. But I do hope that the 8 million families who have a diabetic son or daughter, father or mother will step up and speak up in the next few days because we have a chance to bring this measure to the floor this year—a measure that will affect many different areas of the law but, specifically, the cost of insulin for American families.

If those 8 million families will stand up and speak up and say to Members of the U.S. Senate, ''Enough, you have negotiated enough; close the deal; do something that will be helpful to our families,'' just maybe that can make a difference.

Maybe the endless negotiations that have gone on for month after month after month will finally come to an end. Now is the time to get it done. We have work to do in the Senate at clearing the bill for final passage. But I think we are on track to get that done. What we need to have is a groundswell of support from across the America.

When you take a look at the other provisions in the bill, helping working families to pay for daycare—for goodness' sake, there is hardly a family around, unless they are very wealthy, that isn't concerned about the cost and quality of daycare available.

We have a provision in this bill, the same bill that Senator MCCONNELL spoke against just a few minutes ago, to help families pay for daycare. Is it important to these families? Well, it is important to my family. I visited with my granddaughter over the weekend, and I am sure there are many people in my situation, with grandchildren, who look at those kids and realize they should be in a safe, nurturing, affordable environment every single day so mom and dad don't have to think twice.

Is it important to have a provision in the law which says we are going to provide home healthcare services to elderly members of our family or disabled members of our family?

I will tell you this. The elderly folks whom I spoke to, the senior citizens, want to stay independent as long as possible, and they want to stay home as long as possible. If we can help them stay home and be independent, why wouldn't we do it? If it means a tax increase for people making over $400,000 a year, so be it. Sign me up for that increase. That is the sort of thing I think we do in America. Those who are well off pay a little bit more in taxes so those who are struggling can get a helping hand.

So when the Republicans come to the floor and tell us how terrible this bill is, well, tell it to 8 million families in America with someone who needs insulin to stay alive each month. Tell it to the millions of families with kids who want to make sure they have peace of mind that these kids are being taken care of while they go to work. Tell it to the families with elderly parents or people who are disabled in their household who need a helping hand to be able to stay home and have quality healthcare.

All of these things are addressed in this bill. It is important that we pass it, and I hope we do it soon. But we need to hear from America to create the momentum to get that job done.

Mr. President, I ask unanimous consent to have printed in the RECORD this entire article, from USA Today, on insulin.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From USA Today]

'IT IS LEGAL EXTORTION': DIABETICS PAY STEEP PRICE FOR INSULIN AS REBATES DRIVE UP COSTS

(By Katie Wedell)

In 1921, Canadian scientist Frederick Banting discovered insulin and later sold the patent to the University of Toronto for $1, declaring that the lifesaving drug did not belong to him. ''It belongs to the world.''

One hundred years later, the 8.4 million diabetics in the USA who rely on insulin pay an exorbitant amount of money for a drug that supposedly belongs to them.

As the cost of insulin has risen—average list prices increased 40% from 2014 to 2018—patients and their families shell out hundreds of dollars a month even when they have good insurance. They pay other bills late to keep their insulin-dependent children alive. When they can't make ends meet any other way, they ration their medication, often ending up in a hospital because they could afford only a fraction of the insulin they were supposed to use that month.

''It is legal extortion,'' Rod Regalado, father of a teen with Type 1 diabetes, said about the opaque insulin pricing system.

A bill that would create a federal cap on monthly insulin out-of-pocket costs is named after his son. Matt's Act would cap insulin prices at $20 to $60 a month or even $0 for those with high-deductible health plans. Similar provisions are included in the House-passed version of the Build Back Better Act, which proposes an insurance co-pay cap of $35 for insulin.

The bills attempt to simplify costs for consumers who are kept in the dark when it comes to the complex negotiations driving insulin prices up.

''If you or I were buying a gallon of milk from Kroger or whoever, if we saw that it was $20, we would know that we're getting ripped off,'' said Antonio Ciaccia, former lobbyist for the Ohio Pharmacists Association and CEO of 46brooklyn, a drug price research firm. ''The gallon of milk stays within a slightly competitive range because we know where we could go elsewhere to find a $3 gallon.''

That competitive price pressure doesn't exist in health care, he said. ''Because we as cash-paying customers aren't the predominant source of revenue for health care,''

In a report on insulin prices released in January, the Senate Finance Committee laid out the numerous factors that combine to make insulin so expensive.

The committee found that drug manufacturers continually increase insulin's list price to offer larger rebates to pharmacy benefit managers and health insurers, ''all in the hopes that their product would receive preferred formulary placement,'' the report said.

Pharmacy benefit managers, or PBMs, oversee the prescription drug part of health plans—negotiating with drugmakers for bulk discounts and deciding which drugs will be covered and which will be excluded from their formularies or approved drug lists. Their clients are health insurance plans, including employers and government-run Medicare and Medicaid.

No drugmaker wants to be left off the preferred list of a big PBM such as CVS Caremark or Express Scripts, because tens of millions of Americans are covered by insurers using their services.

This pricing structure exists for almost every drug on the market, but insulin has gotten focused attention because of the number of diabetics that rely on the lifesaving drug and the fact that it's 100 years old yet getting more expensive every year.

''They're kind of between a rock and a hard place,'' Ciaccia said of the manufacturers. Many have made lower-cost versions of their products available, but those don't get listed on the formularies because they don't offer any rebates on them, he said.

Rebates are payments offered back to the PBMs in exchange for preferred placement on their formularies. If the list price is $400 for an insulin product, the manufacturer may make $100 and give the other $300 back to the PBM, which typically passes those savings to its clients—employer and commercial health plans.

Patients may be forced to pay that $400 list price when they are in their deductible phase

and don't get any of that rebated money directly.

The government report found that manufacturers offered higher and higher rebates each year, in fear of being kicked off the preferred formularies. That means they must also inflate the list price each year to keep pace.

In July 2013, insulin maker Sanofi offered rebates of 2% to 4% of the list price—also called the wholesale acquisition cost or WAC—for preferred placement on CVS Caremark's formulary, the finance committee found. Five years later, Sanofi rebates were as high as 56%.

Critics of the rebate system say it amounts to legalized kickbacks. In 2019, a class-action lawsuit accused manufacturers and PBMs of engaging in a commercial bribery ''scheme,'' conspiring to raise the prices of insulin drugs to increase the fees manufacturers paid to PBMs.

Pharmacy benefit managers say the manufacturers drive up prices and keep out any competition from generics.

''Insulin pricing strategies used by drug manufacturers to avoid competition through ongoing patent extensions on insulin products are a significant barrier to getting costs down,'' said Greg Lopes, spokesman for the Pharmaceutical Care Management Association, which represents PBMs.

''PBMs have introduced programs to cap, or outright eliminate, out-of-pocket costs on insulin, and PBMs have stepped up efforts to help patients living with diabetes by providing clinical support and education, which result in better medication adherence and improve health outcomes,'' Lopes said.

Manufacturers, PBMs and nonprofits have set up patient assistance and coupon programs to reduce what patients spend on insulin. Each program has its own requirements to qualify, its own rules and restrictions, and patients have to be aware that the programs exist.

Drugmakers often advertise their patient assistance programs, but the onus ultimately lies with the patient to find and apply for free or reduced-cost insulin. Numerous organizations have developed databases of assistance programs to help patients navigate the sea of options, including PhRMA's Medicine Assistance Tool, RxAssist, NeedyMeds and Beyond Type1's GetInsulin.org.

''For the population that can take advantage of those programs, that's great,'' said American Diabetes Association Chief Advocacy Officer Lisa Murdock. ''We think insulin should be affordable at the point of sale for everyone.''

Lopes pointed out that PBMs pass through to health plan sponsors the vast amount of the rebates they negotiate. In the case of Medicare Part D, the PCMA said that amount is 99.6%.

''The rebates are then used to lower premiums and out-of-pocket costs for patients,'' Lopes said.

CONSUMERS CAN PAY HUNDREDS MORE UNDER REBATE SYSTEM

Nonprofit drug price research group 46brooklyn released a report demonstrating how patients end up paying more because of rebates.

It looked at a box of Lantus insulin pens—which hold pre-dosed cartridges for easier injection—with a list price of $425. According to the Finance Committee's report, Lantus offered the PBM OptumRx a rebate of 79.76% or $339 in 2019.

The consumer's health plan gets that rebate every month regardless of whether the consumer pays full-price in the deductible phase or pays a smaller co-insurance amount later in the year.

46brooklyn used a fictional consumer who has a deductible of $1,644—a figure the Kaiser Family Foundation says is the U.S. average.

Each month, January through April, the consumer in this scenario would pay close to the full list price for insulin, $408 in this case based on retail price data. Those same months, the health plan, paying $0 toward the insulin, would receive a $339 rebate. The manufacturer of the insulin would get the difference, or $69 in this scenario.

The rest of the year, once the consumer hit his deductible, he would pay about $34 for insulin each month. The health plan, after rebates, would pay about $35, giving the manufacturer the same total of $69.

At the end of the year, this fictional diabetic spent a total of $1,906 for insulin while the manufacturer made $828. The consumer's health plan via the PBM came out ahead, profiting $1,078 after getting more than $4,000 worth of rebates.

If all the middlemen and insurance were cut out, and the consumer was simply charged the net cost of the drug every month, 46brooklyn argued, the consumer would save more than $1,000 a year while the manufacturer would make the same profit.

A study by researchers at the University of Southern California found that manufacturers, often blamed for rising prices, actually make less money as list prices rise. Since 2014, while list prices rose by 40%, the net price that manufacturers made off their insulin products decreased more than 30%, according to the study published in the Journal of the American Medical Association.

The PCMA disputed the accuracy of 46brooklyn's rebate scenario.

''By cherry picking an extreme and unrealistic example of high patient out-of-pocket costs, the 46brooklyn report does a poor job of depicting the health care experience for most insured people with diabetes,'' Lopes said. ''For example, the report's out-of-pocket cost assumption is actually significantly higher than the amount at which many plans set or cap patient cost sharing for insulin.''

There are consumers who reported paying $400 out-of-pocket for a month's supply of insulin after insurance. Rod Regalado is one of them.

A FATHER'S CRUSADE

Regalado had never heard of a pharmacy benefit manager before two years ago.

That's when his son Matt, then 14, was diagnosed with Type 1 diabetes and Regalado got a crash course in insulin pricing.

His first trip to the pharmacy when his son was released from a hospital came with a $1,000 price tag for all the testing supplies and insulin he'd never purchased before. The next month, when all he had to do was buy more insulin, the price was still north of $400 after insurance.

The single dad of two said he thought he had good insurance until he found himself having to redo his entire household budget to afford insulin.

''I thought how do people do this?'' he said.

The resident of Tekamah, Nebraska, started making calls to his insurance, pharmacy and doctors, trying to figure out a way to lower his out-of-pocket costs. Then he called his congressman.

''The harsh reality is that the cost of insulin is artificially high and ever-escalating,'' U.S. Rep. Jeff Fortenberry, R–Neb., said in July when he and Rep. Angie Craig, D–Minn., reintroduced their bill aimed at capping prices. ''Matt's Act makes insulin prices fair for everyone by capping the price at $60 a vial and $20 a vial for those on insurance.''

Though legislative efforts have focused on capping out-of-pocket costs, there has been a push to eliminate rebates altogether and drive down list prices across the market. That would require the buy-in of all parts of the drug supply chain.

Some PBMs have created formularies that don't require rebates, but they struggle to get health plans to adopt them. The insurers have come to expect and rely on the money from rebates, and some have them written into their PBM contracts.

'A MOMENTOUS DAY'

Ciaccia of 46brooklyn pointed to the new insulin product Semglee as an example of how dysfunctional the marketplace can be.

In July, the FDA approved Semglee as the first interchangeable biosimilar insulin product. Biosimilars are like generic drugs in that they can be substituted at the pharmacy counter without needing a separate prescription.

Semglee is interchangeable with Lantus.

More biosimilars are likely to gain approval in the next few years. They've been touted as game changers that will lead to lower prices and more options for patients.

Acting FDA Commissioner Janet Woodcock called it ''a momentous day'' for people who depend on insulin. ''Biosimilar and interchangeable biosimilar products have the potential to greatly reduce health care costs,'' she said.

Biocon and Viatris, the makers of Semglee, launched two different versions of the drug—the branded one called Semglee and a nonbranded version called insulin glargine.

The nonbranded version's list price is about $148 for a package of five 3-ml pens, which is 65% cheaper than Lantus.

There is indication that the largest PBMs in the country won't carry that version on their preferred drug formularies, instead offering the branded Semglee, which has a reported list price of $404 per package of five. That makes it only slightly cheaper than Lantus at $425.

The ACTING PRESIDENT pro tempore. The Republican whip.

Mr. THUNE. Mr. President, I ask unanimous consent that I be able to complete my remarks prior to the vote.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

THE ECONOMY

Mr. THUNE. Mr. President, the latest inflation numbers came out Friday, and the news was not good. Inflation is currently at the highest level in nearly 40 years—40 years. The last time inflation was this bad, ''E.T.'' and ''Rocky III'' were in theaters, and the Green Bay Packers were being coached by Bart Starr.

High inflation is taking a major toll on American families. Gas prices are at a 7-year high. The price of used cars and trucks is up 31 percent—31 percent. Propane, kerosene, and firewood are up 34 percent.

Food prices have increased significantly. Ground beef is up 14 percent. Apples are up 7.4 percent. Pork is up 17 percent; eggs, 8 percent. Baby food is up 6.7 percent. Bacon and related products are up 21 percent. And the list continues.

Rent prices are up. Utility prices are up. Furniture prices are up, and on and on.

Inflation is so bad that, despite wage growth this year, Americans have seen a de facto pay cut, with real average hourly earnings down 1.9 percent this year.