

Richard J. Durbin, Tammy Duckworth, Tammy Baldwin, Robert P. Casey, Jr., Margaret Wood Hassan, Christopher Murphy, Jack Reed, Alex Padilla, Patty Murray, Sheldon Whitehouse, Mazie K. Hirono, Jacky Rosen, Edward J. Markey, Tina Smith, Elizabeth Warren, Jeanne Shaheen, Sherrod Brown.

Mr. DURBIN. Finally, I ask unanimous consent that the mandatory quorum calls for the cloture motions filed today, July 14, be waived.

### CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The bill clerk read as follows:

### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Executive Calendar No. 968, Julianna Michelle Childs, of South Carolina, to be United States Circuit Judge for the District of Columbia Circuit.

Richard J. Durbin, Richard Blumenthal, Alex Padilla, Christopher A. Coons, Gary C. Peters, Elizabeth Warren, Mazie K. Hirono, Tammy Baldwin, Tina Smith, Mark R. Warner, Edward J. Markey, Robert P. Casey, Jr., Martin Heinrich, Jeanne Shaheen, Sherrod Brown, Margaret Wood Hassan.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Julianna Michelle Childs, of South Carolina, to be United States Circuit Judge for the District of Columbia Circuit, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Connecticut (Mr. BLUMENTHAL), the Senator from Vermont (Mr. LEAHY), the Senator from New Mexico (Mr. LUJÁN), the Senator from Massachusetts (Mr. MARKEY), and the Senator from New York (Mr. SCHUMER) are necessarily absent.

Mr. THUNE. The following Senators are necessarily absent: the Senator from North Dakota (Mr. CRAMER), the Senator from Tennessee (Mr. HAGERTY), the Senator from Ohio (Mr. PORTMAN), and the Senator from Nebraska (Mr. SASSE).

The yeas and nays resulted—yeas 58, nays 33, as follows:

[Rollcall Vote No. 255 Ex.]

### YEAS—58

Baldwin	Coons	Hirono
Bennet	Cornyn	Kaine
Blackburn	Cortez Masto	Kelly
Booker	Duckworth	King
Brown	Durbin	Klobuchar
Burr	Feinstein	Manchin
Cantwell	Gillibrand	Menendez
Capito	Graham	Merkley
Cardin	Grassley	Murkowski
Carper	Hassan	Murphy
Casey	Heinrich	Murray
Collins	Hickenlooper	Ossoff

Padilla	Scott (SC)	Warner
Peters	Shaheen	Warnock
Reed	Sinema	Warren
Romney	Smith	Whitehouse
Rosen	Stabenow	Wyden
Rounds	Tester	Young
Sanders	Tillis	
Schatz	Van Hollen	

### NAYS—33

Barrasso	Hawley	Moran
Blunt	Hoeben	Paul
Boozman	Hyde-Smith	Risch
Braun	Inhofe	Rubio
Cassidy	Johnson	Scott (FL)
Cotton	Kennedy	Shelby
Crapo	Lankford	Sullivan
Cruz	Lee	Thune
Daines	Lummis	Toomey
Ernst	Marshall	Tuberville
Fischer	McConnell	Wicker

### NOT VOTING—9

Blumenthal	Leahy	Portman
Cramer	Lujan	Sasse
Hagerty	Markey	Schumer

The PRESIDING OFFICER (Mr. VAN HOLLEN). On this vote, the yeas are 58, the nays are 33.

The motion is agreed to.

The senior Senator from Maryland.

### PRESCRIPTION DRUG COSTS

Mr. CARDIN. Mr. President, I rise today to discuss a critical issue that continues to take a heavy toll on the health and financial well-being of Americans: high prescription drug prices.

This uniquely American problem has U.S. families paying the highest price compared to other countries, leading to millions of Americans having to leave their pharmacies with their prescription drugs left on the table. No one should have to go into debt to buy prescription drugs that they need to stay healthy, productive, and to have a healthy life.

Twenty-nine percent of Americans either cannot afford their prescription drugs or are rationing them. And the United States stands alone in this among the developed nations of the world.

The United States spends approximately \$575 billion annually on prescription drugs, or about 14 percent of the total healthcare expenditures. In 2019, the United States spent, on average, \$1,126 per capita on prescription medicines, twice as high as a comparable amount spent in the industrial world.

Americans and Marylanders are struggling to pay their prescription drug medications, and it is long past time for Congress to remedy this problem. Prescription drugs have been lifesaving for millions, but if they are not affordable, then their benefit is moot. High prescription drug prices drive health inequalities that we are fighting to eradicate since groups in fair or poor health most struggle to afford their medications.

For years, Congress has been working on commonsense solutions to increase access to affordable prescription medications, reducing costs for patients and taxpayers. It is now time to act.

U.S. prescription drug prices are set through an opaque process by manufacturers, pharmaceutical benefit manu-

facturers, and payers. Prices are often disconnected from the health impacts of the products being purchased.

Opponents of addressing the high drug costs claim that more affordable prices will come at the expense of innovation. I say, and the research agrees, this is a false choice. To ensure access through innovative treatments and prescriptions, the U.S. Government makes significant investments in biomedical research. The Presiding Officer knows that very well from his position on the Appropriations Committee. No greater example of this investment is the National Institutes of Health located in our home State of Maryland, which is the world's largest government funder of biomedical research. Almost all drugs rely on NIH-supported basic research, and the returns on these investments are very high.

Researchers from the Massachusetts Institute of Technology have found that every \$125 million NIH grant leads to \$375 million more in private market value, 33 more patents, and one new drug.

Another study estimates that the rate of return on NIH investment is 43 percent and that each dollar in NIH funding leads to an additional \$8.40 in private research and development spending. So the government investments are well done—it leverages a lot more—but the government is the key player.

Further, the Small Business Innovation Research and the Small Business Technology Transfer, SBIR/STTR programs, also support innovation. SBIR/STTR currently are the largest U.S. Federal Government programs supporting small businesses to conduct research and investment. SBIR began in 1982 and currently requires that each Federal Agency spending more than \$100 million annually on external research set aside 3.2 percent of those funds for awards to small businesses. SBIR is very selective, with only about 22 percent of the applicants receiving funding. For many small firms, the SBIR “serves as the first place many entrepreneurs involved in technological innovation”—where they get their funding.

Through the SBIR/STTR programs, NIH supports drug innovation by setting aside more than 3.2 percent of its overall Intramural Research and Development budget specifically to support early stage small businesses through the Nation. Many companies leverage this NIH funding to attract the partners and investors needed to take an innovation to the market.

For example, Amgen, which was founded in 1980, received SBIR investment in 1986. Today, it is a multinational biopharmaceutical company with over 20,000 employees. Despite these significant taxpayer investments, prescription drugs are often priced at levels that limit access to lifesaving drugs, particularly among those who are underinsured or uninsured. Even after accounting for the costs and risks

of research and development, evidence shows the returns to new products exceed normal rates of return.

Drug companies continue to raise prices on consumers without justification, and we must crack down on price gouging and enforce transparency and drug pricing. That is why I strongly support the policies the Senate Finance Committee recently released, which comprise of comprehensive reform to lower prescription drug prices for Americans.

One policy included in this package that I have long supported is empowering Medicare to begin negotiating directly for the price of prescription drugs. This is just common sense. This is what businesses do. This is a free market. We negotiate.

In the private sector, no plan sponsor or manager would ever accept responsibility without the ability to decide how to negotiate. No private sector company would parcel themselves out in order to negotiate; they would use their full size as a market force. We don't do that in Medicare. Medicare negotiations will ensure that patients with Medicare get the best deal possible on high-priced drugs.

Another policy I support in prescription drug affordability is capping Medicare patients' out-of-pocket costs at no more than \$2,000 per year. Today, there is no cap on spending for prescription drugs for seniors on Medicare. This policy will prevent Medicare beneficiaries from paying tens of thousands of dollars to purchase lifesaving drugs prescribed by their doctors.

The policies I have just outlined, along with additional reforms—and there are several others that are included in this package, including a required rebate if a drug manufacturer increases their price beyond the cost of inflation. There are other issues here to protect the solvency long term of prescription drug benefits and Medicare beneficiaries. This will make prescription drugs affordable for individuals and families who desperately need it.

I urge all my colleagues to come together to address this urgent issue. We have done the work. Now it is time to vote, getting these savings back into our constituents' pockets.

I yield the floor.

The PRESIDING OFFICER (Ms. CORTEZ MASTO). The Senator from Maryland.

#### EXECUTIVE CALENDAR

Mr. VAN HOLLEN. Madam President, I ask unanimous consent that the Senate consider the following nominations en bloc: Calendar Nos. 924, 979, 982, and 983; that the Senate vote on the nominations en bloc without intervening action or debate; that the motions to reconsider be considered made and laid upon the table; that any statements related to the nominations be printed in the RECORD; and that the President immediately be notified of the Senate's action.

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

The question is, Will the Senate advise and consent to the nominations of Alexander Mark Laskaris, of the District of Columbia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be an Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Chad; Margaret C. Whitman, of Colorado, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Kenya; Michael J. Adler, of Maryland, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of South Sudan; and John T. Godfrey, of California, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of the Sudan?

The nominations were confirmed en bloc.

#### EXECUTIVE CALENDAR

The PRESIDING OFFICER. Madam President, I ask unanimous consent that the Senate consider the following nominations en bloc: Calendar Nos. 987 and 1039; that the Senate vote on the nominations en bloc without intervening action or debate; that the motions to reconsider be considered made and laid upon the table; that any statements related to the nominations be printed in the RECORD; and that the President be immediately notified of the Senate's action.

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

The question is, Will the Senate advise and consent to the nominations of Stephen Henley Locher, of Iowa, to be United States District Judge for the Southern District of Iowa; and Michael Cottman Morgan, of Wisconsin, to be an Assistant Secretary of Commerce?

The nominations were confirmed en bloc.

#### LEGISLATIVE SESSION

#### MORNING BUSINESS

The PRESIDING OFFICER. Madam President, I ask unanimous consent that the Senate proceed to legislative session and be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

#### AFGHANISTAN

Mr. HAWLEY. Madam President, following my submission yesterday, I ask

unanimous consent to have printed in the RECORD the next part of an investigation directed by the U.S. Central Command concerning the Abbey Gate bombing in Afghanistan in August 2021.

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

#### ACTS-SCK-DO

Subject: Findings and Recommendation—Attack Against U.S. Forces Conducting NEO at Hamid Karzai International Airport on 26 August 2021

(5) 82nd Airborne Division and 1/82 IBCT.

(a) The 82nd Airborne and 1/82 IBCT, (as the designated Immediate Response Force (IRF)), were notified for deployment at the request of Gen McKenzie (exhibits 10, 13, 21). 1/82 IBCT and 2/504 Parachute Infantry Regiment (PIR) began the flow of forces to HKIA on 15 August at 2200, and arrived with approximately 300 personnel (exhibit 121). This force coordinated with JTF-CR and occupied Camp Alvarado in the northwest corner of HKIA (exhibit 121). During the period of darkness on 16–17 August, 2/501 PIR arrived to HKIA (exhibit 123). Elements of the brigade's artillery battalion arrived with the infantry battalion, making the total force about 1000 (exhibit 121). Shortly after their arrival, 2/504 began securing the airfield, as civilians had breached the South Terminal and were on the runway (exhibit 121). 2/501 were immediately put into the line at the South Terminal when they arrived a little over 24 hours later (exhibit 121). Both units took up security positions on the South and West of HKIA, and expanded to relieve Marines on the perimeter so they could begin opening gates on 19 August (exhibits 121, 123). By 18 August, 1/82 had security responsibility for all of the West side of HKIA. 2/501 had responsibility for security from the perimeter at Abbey Gate westward to the International Terminal (exhibit 123).

(b) The 82nd Airborne TAC, commanded by MG Donahue, arrived on 18 August at approximately 1200 (exhibits 121, 125). Upon arrival, MG Donahue conducted a leader's reconnaissance, assessed the perimeter and gates, met with RADM Vasely to shore up the task organization, and began initial planning for withdrawal and JTE (exhibit 125). The 82nd started clearing the HKIA road system to prepare for MASCAL events and quick reaction force (QRF) movements (exhibit 125). As part of their security task, the 82nd detained 40–50 people each night who jumped the airfield fence (exhibit 125). Additionally, 1/82 operated two gates and flowed in evacuees via the South and West Gates (exhibit 121). From 19–25 August, 2/501 processed and directed convoys of evacuees the Taliban had allowed to pass through the outer cordon at South Gate (exhibit 121). 1/82 opened West Gate periodically to allow precision evacuation passages of lines, which were coordinated movements (exhibits 121, 125). During the latter half of the NEO, South and West Gates accounted for a significant number of daily evacuees, averaging greater than 200 daily from 24–30 August, with 1600 coming through on 26 August (exhibits 125, 143). The DoS Consular rarely worked with 1/82 personnel at South Gate, so the convoys had to be American citizens (AMCITs) or Lawful Permanent Residents (LPRs) to get through (exhibit 123). Starting 19 August, MG Donahue served as the primary coordinator with the Taliban LNO, (TEXT REDACTED) and spoke with him on a near daily basis (exhibit 23, 125). 1/82 IBCT subordinate unit commanders coordinated directly with the Taliban local gate commanders for security and to facilitate evacuee movements (exhibits 121, 123, 125).