

(The remarks of Mr. BRAUN pertaining to the introduction of S. 459 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. BRAUN. Madam President, we lost a Hoosier recently who spent 7 years fighting ALS. I was proud here, along with Senator COONS, to start the ALS Caucus. ALS is one of those diseases, when you are diagnosed with it, for which there is not a very good prognosis—3 to 4 years, maybe, sometimes.

Corey Polen from Indiana was able to stretch it out to 7 years and fought valiantly along the way. He was involved in trying to take his cause and help others. Currently, there is no cure, and there is severely limited access to treatment options.

Since I have been here, I have been trying to reform healthcare in general. That is a task when you have one side of the aisle that doesn't think there is anything to do there or isn't interested in it and the other side maybe wanting to have more government when I think we need to reform it in an underlying way and make it more transparent, more competitive, and remove barriers to entry so that you have doctors and nurses wanting to come into the profession.

Let's take this commonsense part of it. This is a disease, along with several other diseases, for which, once you are diagnosed, you do not have time, and you are beset by a cumbersome process that keeps people from getting into and even staying in treatment. We need to fix that to where, through the Promising Pathway Act, which I have had out there and which is gaining stride, we need to make an exception for those ailments that have treatments in progress and where the individuals suffering from them are willing to take the risk. They want to do that because there is no other option, especially when there are promising treatments that you are working with.

In Corey's case, his journey began in October 2015. He was hiking with his wife Jennifer in Arizona. On that hike, he kind of hurt his ankle and noticed more. He then returned to his hometown and wanted to look into it further. That is when he got that bleak diagnosis.

All along the journey, as his condition was getting worse, he was out there to help others with it. His main goal for us here in Congress was for us to get something like the Promising Pathway Act across the finish line, which would give hope to him and to all of the others with similar diseases who are frustrated by the fact that we can't move quickly enough, especially when there is stuff in the works that looks like it is going to be someday, if not a cure, at least a mitigation to the disease. We weren't able to get that done.

I would ask my fellow Senators and someone else in the House to carry it. We need to get this across the finish line. A panel of FDA advisers voted 7 to

2 that there was enough evidence to do something different. That gave hope to people like Corey and others that something would get done, but it hasn't happened. We have this under our own control to get it done, and it is well past time to get it done.

I have been here going on now into my fifth year, and we have been dragging our feet. I am going to roll up my sleeves and get it done, and we are going to keep pursuing this effort through our ALS Caucus. Senator COONS and I have done it, and we have made headway. But why wouldn't we, when we have been dawdling with this issue for so long, not give the benefit of the doubt to treatments that are promising and get this across the finish line for these individuals who have no other hope but for us to get it done?

I yield the floor.

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 legislative 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. 11, Daniel J. Calabretta, of California, to be United States District Judge for the Eastern District of California.

Charles E. Schumer, Richard J. Durbin, Jack Reed, Robert P. Casey, Jr., Mark Kelly, Patty Murray, Tim Kaine, Jeff Merkley, Sheldon Whitehouse, Elizabeth Warren, Tammy Baldwin, Benjamin L. Cardin, Jeanne Shaheen, John W. Hickenlooper, Christopher Murphy, Brian Schatz, Debbie Stabenow, Alex Padilla.

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 Daniel J. Calabretta, of California, to be United States District Judge for the Eastern District of California, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Maryland (Mr. CARDIN) and the Senator from Pennsylvania (Mr. CASEY) are necessarily absent.

The yeas and nays resulted—yeas 52, nays 46, as follows:

[Rollcall Vote No. 19 Ex.]

YEAS—52

Baldwin	Durbin	King
Bennet	Feinstein	Klobuchar
Blumenthal	Fetterman	Luján
Booker	Gillibrand	Manchin
Brown	Graham	Markey
Cantwell	Hassan	Menendez
Carper	Heinrich	Merkley
Collins	Hickenlooper	Murkowski
Coons	Hirono	Murphy
Cortez Masto	Kaine	Murray
Duckworth	Kelly	Ossoff

Padilla	Shaheen	Warnock
Peters	Sinema	Warren
Reed	Smith	Welch
Rosen	Stabenow	Whitehouse
Sanders	Tester	Wyden
Schatz	Van Hollen	
Schumer	Warner	

NAYS—46

Barrasso	Grassley	Risch
Blackburn	Hagerty	Romney
Boozman	Hawley	Rounds
Braun	Hoeven	Rubio
Britt	Hyde-Smith	Schmitt
Budd	Johnson	Scott (FL)
Capito	Kennedy	Scott (SC)
Cassidy	Lankford	Sullivan
Cornyn	Lee	Thune
Cotton	Lummis	Tillis
Cramer	Marshall	Tuberville
Crapo	McConnell	Vance
Cruz	Moran	Wicker
Daines	Mullin	Young
Ernst	Paul	
Fischer	Ricketts	

NOT VOTING—2

Cardin Casey

The PRESIDING OFFICER (Ms. ROSEN). The yeas are 52, the nays are 46.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Daniel J. Calabretta, of California, to be United States District Judge for the Eastern District of California.

The PRESIDING OFFICER. The Senator from Vermont.

ORDER OF PROCEDURE

Mr. SANDERS. Madam President, I ask unanimous consent that notwithstanding rule XXII, the vote on confirmation of the Calabretta nomination occur at 11 a.m. tomorrow, Thursday, February 16; that the cloture vote on the Martinez-Lopez nomination occur following disposition of the Reyes nomination; and if cloture is invoked on the Martinez-Lopez nomination, the confirmation vote occur following disposition of the Calabretta nomination; further, that the vote on the motion to invoke cloture on the Kahn nomination be at 1:45 p.m.; finally, that following my remarks and the remarks of Senator BARRASSO, the Senate stand in recess until 4 p.m.

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

Mr. SANDERS. Madam President, Senators should expect two rollcall votes at 4:30 p.m. today and three rollcall votes tomorrow.

PRESCRIPTION DRUG COSTS

Madam President, there is a lot of discussion in our country about how divided we are as a people, and there is no question that on many issues, that is absolutely true.

But it turns out that on one of the most important matters facing the American people, Democrats, Republicans, Independents, progressives, moderates, and conservatives are all united, and they are united on the need to take on the outrageous corporate greed in the pharmaceutical industry

and to substantially lower the incredibly high prices we pay for prescription drugs in this country.

On that issue, the American people are quite united. Today, millions of Americans are forced to make the unacceptable choice between feeding their families or buying the medicine they need to ease their pain or to stay alive. Seniors from Vermont to Alaska are forced to split their pills in half because they don't have enough money to fill their prescriptions. Nobody really knows how many people die each year because they lack the medicine that their doctors prescribe.

But a 2020 study by West Health found that by the year 2030, over 100,000 Medicare recipients could die prematurely every year because they cannot afford to buy their lifesaving medicine—100,000 seniors every year. All over this country, in every State in this country, the American people are asking some pretty simple questions. They want to know how does it happen that in the United States, we pay by far—not even close—the highest prices in the world for prescription drugs. How does it happen? Why is it, people are asking, that nearly one out of every four Americans cannot afford the prescriptions that their doctors write?

Think about how crazy that is. People walk into a doctor's office. They get a diagnosis. The doctor writes out a script. They can't afford to fill that prescription. They get sicker or maybe they end up in the emergency room, maybe they end up in the hospital, maybe they die. People are asking: How does it happen that nearly half of all new drugs in the United States cost more than \$150,000 a year? They cost more than \$150,000 a year.

A few years ago, I took a busload of people dealing with diabetes from Detroit, MI, over the Canadian border to a drugstore in Windsor, Ontario. I think the trip took us maybe 45 minutes. There in Windsor, Canada, people on the bus—diabetics—were able to purchase the same insulin products that they bought in the United States for one-tenth the price—a 45-minute trip, same product, one-tenth the price. I will never forget it. Tears were coming down the eyes of people who were buying their product. They couldn't believe how much money they were saving.

In 1999, 24 years ago, I was a Member of Congress, and I took another busload of people. This time it was women in northern Vermont who were suffering with breast cancer. We took them to a pharmacy in Montreal, Canada. Once again, they paid one-tenth the price for tamoxifen, a breast cancer drug that they desperately needed.

So how does it happen that in Canada and other major countries, the same exact medicines manufactured by the same exact companies are sold for a fraction of the price that we pay in America? It is a simple question. It is a question Democrats, Republicans, Independents—everybody wants an answer to it.

Well, the truth is that the answer to that question, in my view, is not complicated. In fact, it can be summed up in just three words, and that is unacceptable corporate greed—unacceptable corporate greed.

Over the past 25 years, the pharmaceutical industry has spent \$8.5 billion on lobbying—\$8.5 billion on lobbying and over \$745 million on campaign contributions so that we can continue to pay the highest prices in the world for prescription drugs.

Incredibly, last year, drug companies hired over 1,700 lobbyists to knock on every door in the Capitol—1,700 lobbyists—former leaders of the Democratic Party, former leaders of the Republican Party. There are 535 Members of Congress. They have 1,700 lobbyists from the pharmaceutical industry—three lobbyists for every Member of Congress.

Meanwhile, as Americans die because they cannot afford the medications they need, the pharmaceutical industry makes higher profits every year than other major industries. Year after year, they lead the index in terms of their profits. Between the years 2000 and 2018, drug companies in this country made over \$8 trillion—that is with a "t"—\$8 trillion in profits. In fact, in 2021, just 10 pharmaceutical companies in the United States made a total of more than \$102 billion in profits, up 137 percent from the previous year.

It is the greed that we are seeing manifest itself—not just in corporate profits. It also manifests itself in the exorbitant compensation packages that the pharmaceutical industry has given to its CEOs and other top executives within the industry.

I hope that people who are listening to us this afternoon—people who can't afford to pay for their prescription drugs—hear this, and that is according to a report done by the Health, Education, Labor, and Pensions Committee staff, which I chair, released today: In 2021, while hundreds of thousands of Americans died from COVID, 50 pharmaceutical executives in just 10 companies made \$1.9 billion in total compensation—50 executives, \$1.9 billion. The same 50 executives are in line to receive \$2.8 billion in golden parachutes once they leave their companies.

Let me give you just a few examples. AbbVie CEO Richard Gonzalez made nearly \$62 million in total compensation in 1 year. The CEO of Eli Lilly, David Ricks, made more than \$67 million in 1 year. Incredibly, the CEO of Regeneron Pharmaceuticals, Leonard Schleifer, made nearly \$453 million in total compensation in 1 year—\$453 million in 1 year.

Meanwhile, while we are told over and over again that the reason we have such high drug prices in America is because of the need of the drug companies to invest in research and development—that is what we are told over and over again: We need to charge you outrageous prices so that we can use

that money to invest in research and development for new drugs. Well, it turns out that over the past decade, 14 major pharmaceutical companies spent \$747 billion not to research and develop lifesaving drugs but to make their wealthy shareholders even wealthier by buying back their own stock and handing out huge dividends. It turns out, amazingly enough—or maybe not amazingly—that the drug companies spent \$87 billion more on stock buybacks and dividends than they spent on research and development.

So when you hear about all of the need for high prices for research and development, they spent \$87 billion more on stock buybacks and dividends than on research and development.

The truth is, we are dealing here today not just with an economic issue in terms of the high price of prescription drugs—it is a very, very important economic issue—but we are dealing with something even more profound, and that is the moral issue. The question, I think, that Americans should be asking themselves is, Is it morally acceptable that tens of thousands of people die each year in our country because they cannot afford the medicine their doctors prescribe, while at the same time the drug companies make billions in profits and provide their CEOs with huge compensation packages?

Is it morally acceptable that, at a time when the taxpayers of this country spent tens of billions a year on research and development for lifesaving drugs, many of these same taxpayers who helped fund the research and development for new drugs are unable to afford those drugs?

Is it morally acceptable that the business model of the pharmaceutical industry today is primarily not to create the lifesaving drugs we need for cancer, Alzheimer's, heart disease, diabetes, and so many other terrible illnesses, but, rather, through their excessive greed, to make as much money as they possibly can?

I should point out that it has not always been that way. There was once a time when the inventors of lifesaving drugs were not obsessed with making huge sums of money but were, instead, obsessed with ending the terrible illnesses that plagued humanity.

In the 1950s, for example, there was Dr. Jonas Salk, who invented the vaccine for polio. Salk's work saved millions of lives and prevented millions more from suffering paralysis. It has been estimated that if Dr. Salk had chosen to patent the polio vaccine, he would have made billions of dollars. But he did not.

When asked who owns the patent for this vaccine, this is what Dr. Salk said:

Well, the people, I would say. There is no patent. Could you patent the sun?

What Dr. Salk understood was that the purpose of the vaccine he invented was to save lives, to make sure that as many people all over the world were able to receive it, and not to make himself obscenely rich.

And Salk, among other great scientists, was not alone. In 1928, Alexander Fleming, a scientist from Scotland, discovered penicillin at St. Mary's Hospital in London. Fleming's discovery of penicillin changed the medical world and saved millions of lives.

I am sure that Alexander Fleming could also have become a multibillionaire if he had chosen to own the exclusive rights for this antibiotic. But he did not.

When Fleming was asked about his role, he did not talk about the outrageous fortune he could have made through his discovery. Instead, he said:

I did not invent penicillin. Nature did that. I only discovered it by accident.

And then there was the great scientist Frederick Banting from Canada. In 1921, Dr. Banting, along with two other scientists at the University of Toronto, invented insulin—insulin, a drug we are hearing a whole lot about now. When Dr. Banting was asked why he wouldn't patent insulin and why he sold the rights to his invention for \$1—\$1—he replied:

Insulin does not belong to me. It belongs to the world.

Frederick Banting.

It has been estimated that Dr. Banting's invention of insulin saved some 300 million lives. Once again, in Dr. Banting, we saw a great scientist make it clear that his purpose in life was to help humanity prevent suffering and save lives, not just to make billions for himself.

Meanwhile, while Dr. Banting sold his patent for insulin for \$1 so that humanity could benefit from his discovery, I should point out that Eli Lilly, one of our Nation's largest drug companies, has increased the price of insulin by 1,200 percent over the past 27 years, to \$275, while it costs just \$8 to manufacture—selling it for 275 bucks and it costs \$8 to manufacture—not quite the spirit of Frederick Banting.

Now, let's fast forward to the Covid pandemic, this horrible moment in our history when we have lost over 1 million Americans and tens of millions have suffered various levels of illness.

Moderna, a drug company in Massachusetts, worked alongside the National Institutes of Health to develop the vaccine that so many of our people have effectively used—used by millions of people effectively. It is widely acknowledged that both the company and the National Institutes of Health, or NIH, were responsible for the creation of this vaccine. They worked together.

After the company received billions of dollars from the Federal Government to research, develop, and distribute the COVID vaccine, well, guess what happened. It turns out that the CEO of Moderna, Stephane Bancel, became a billionaire overnight and is now worth \$5.7 billion. Further, the two co-founders of Moderna, Noubar Afeyan and Robert Langer, also became billionaires and are now both worth \$2 billion each. And one of the founding in-

vestors in Moderna, Tim Springer, is worth \$2.5 billion.

None of them were billionaires before the taxpayers of our country funded the research and development for the COVID-19 vaccine, and, collectively, this handful of people at Moderna are now worth over \$11 billion. Meanwhile, Moderna, as a whole, made over \$19 billion in profits during the pandemic.

Given that reality, given the enormous amount of taxpayer support, how has the CEO of this company thanked the taxpayers of America for the huge profits that Moderna has experienced and for the incredible wealth that he and his other executives have experienced?

Well, he is thanking them by proposing to quadruple the price of the COVID vaccine to about \$130 once the government stockpile runs out. And let us be clear, by the way, this is a vaccine that costs just \$2.85 to manufacture.

On March 22, the Senate Health, Education, Labor, and Pensions Committee will be holding a hearing to discuss this subject, and the bottom line that we will be discussing is this: Does Moderna think that it is appropriate to quadruple prices for the vaccine after receiving billions of dollars in taxpayer support?

While Moderna may be a poster child for contemporary corporate greed, certainly, they are not alone. A number of years ago, the former CEO of Gilead became a billionaire by charging \$1,000 for SOVALDI, a hepatitis C drug that was discovered by scientists at the Veterans' Administration. This drug costs just \$1 to manufacture and can be purchased in India for \$4.

The Japanese drug maker Astellas, which made a billion dollars in profits in 2021, recently raised the price of the prostate cancer drug Xtandi by more than 75 percent in the United States to nearly \$190,000. This is a drug that was invented by federally funded scientists at UCLA and can be purchased in Canada for one-sixth the price charged in America. Taxpayers funded the development of the drug and now pay six times more than Canadians do for the same product. And it goes on and on and on.

There is no rational reason why the HIV treatment, BIKTARVY, costs over \$45,000 per year in the United States but only \$7,500 in France, or why a weekly dose of the autoimmune medicine Enbrel costs over \$1,700 in the United States but just \$300 in Canada—et cetera, et cetera, et cetera. It goes on and on and on.

The American people, regardless of their political affiliations, are sick and tired of being ripped off by the pharmaceutical industry. Now is the time for us to have the courage to take on the 1,700 lobbyists all over Capitol Hill, to take on the unlimited financial resources of that industry. Now is the time to stand with the American people and substantially lower prescription drug prices in our country, and the

Health, Education, Labor, and Pensions Committee is going to be actively involved in that process.

I yield the floor.

The PRESIDING OFFICER (Ms. BALDWIN). The senior Senator from Wyoming.

CHINA

Mr. BARRASSO. Madam President, I come to the floor today to talk about the threat posed by China.

On February 4, our Air Force shot down a Chinese spy balloon. They did it over the coast of South Carolina. The balloon had spied upon the United States for up to a week. One of the places that it monitored and hovered over was my home State of Wyoming.

Now, Joe Biden did absolutely nothing until the balloon had already crossed thousands of miles of the United States. To me, this is another national failure from a President who already brought us surrender in Afghanistan.

People in Montana could see the balloon from the ground. That is the way America found out about it. It wasn't from the administration. It wasn't from the military. It was from a reporter on the ground with a telephoto lens. The man took a picture from his driveway.

I am not convinced that Joe Biden would have done anything if that photographer in Montana hadn't published those pictures online.

It is hard to imagine any other President letting a spy balloon fly over our country for nearly a week. Imagine John F. Kennedy allowing a Soviet spy plane over the United States. To me, it is unimaginable. No President, Republican or Democrat, would tolerate this, until Joe Biden.

On Thursday, the Senate received a classified briefing on the spy balloon. I am not alone when I say I was disturbed and disquieted about what we learned. To me, Joe Biden did too little, too late, and then he did what he always does. He bragged about it. He said he had done everything right. To quote him, he said:

We did the right thing.

No, Joe Biden did the weak thing, as usual. He had to be shamed into shooting down the balloon—way too late.

On Thursday, Joe Biden defended himself again. He said the balloon was “not a major breach”—“not a major breach.” It reminds me when Joe Biden signaled he would let Vladimir Putin make a minor incursion into Ukraine. President Biden is defending the indefensible.

Just days after the balloon incident, he gave his annual State of the Union address. We were there. There were a number of bizarre moments in the President's speech, and one of the most bizarre to me was when he talked about China.

He said no world leader would want to be Xi Jinping—no world leader would want to be Xi Jinping. He actually yelled it several times.