

In order for us to consider amendments to these bills, we have to get on the bills; and that is what this vote is all about. These bills were reported unanimously, all three of them, by the Senate Appropriations Committee, and I urge my colleagues to vote yes on proceeding to the bills and then we can have a robust amendment process.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. I echo the words of Vice Chair COLLINS and thank her for her tremendous work on this.

A lot of work has gone into these bills. All three of them were reported unanimously out of our committee after a tremendous amount of work. To finish that work and to allow all the Senate to speak, we need to vote yes to get on this bill.

I urge a “yes” vote.

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 senior assistant 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 motion to proceed to Calendar No. 198, H.R. 4366, a bill making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2024, and for other purposes.

Charles E. Schumer, Patty Murray, Jack Reed, Alex Padilla, Richard J. Durbin, Chris Van Hollen, Martin Heinrich, Debbie Stabenow, Richard Blumenthal, Christopher Murphy, Brian Schatz, Tina Smith, Margaret Wood Hassan, Christopher A. Coons, Catherine Cortez Masto, Tammy Duckworth, Benjamin L. Cardin.

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 motion to proceed to H.R. 4366, a bill making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2024, and for other purposes, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Illinois (Ms. DUCKWORTH), the Senator from Massachusetts (Mr. MARKEY), and the Senator from California (Mr. PADILLA) are necessarily absent.

The yeas and nays resulted—yeas 85, nays 12, as follows:

[Rollcall Vote No. 227 Ex.]

YEAS—85

Baldwin	Grassley	Reed
Barrasso	Hagerty	Risch
Bennet	Hassan	Romney
Blackburn	Heinrich	Rosen
Blumenthal	Hickenlooper	Rounds
Booker	Hirono	Rubio
Boozman	Hoeven	Sanders
Britt	Hyde-Smith	Schatz
Brown	Johnson	Schumer
Cantwell	Kaine	Shaheen
Capito	Kelly	Sinema
Cardin	Kennedy	Smith
Carper	King	Stabenow
Casadevall	Klobuchar	Sullivan
Cassidy	Lankford	Tester
Collins	Lee	Thune
Coons	Lujan	Tillis
Cornyn	Manchin	Van Hollen
Cortez Masto	McCormack	Vance
Cotton	Menendez	Warner
Cramer	Merkley	Warnock
Crapo	Moran	Warren
Daines	Mullin	Welch
Durbin	Murkowski	Whitehouse
Feinstein	Murphy	Wicker
Fetterman	Murray	Wyden
Fischer	Ossoff	Young
Gillibrand	Paul	
Graham	Peters	

NAYS—12

Braun	Hawley	Schmitt
Budd	Lummis	Scott (FL)
Cruz	Marshall	Scott (SC)
Ernst	Ricketts	Tuberville

NOT VOTING—3

Duckworth Markey Padilla
(Ms. KLOBUCHAR assumed the Chair.)

The PRESIDING OFFICER (Mr. WELCH). On this vote, the yeas are 85, the nays are 12.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

LEGISLATIVE SESSION

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS ACT, 2024—MOTION TO PROCEED

The PRESIDING OFFICER. Cloture having been invoked, the Senate will resume legislative session.

The clerk will the report the motion to proceed.

The bill clerk read as follows:

Motion to proceed to Calendar No. 198, H.R. 4366, a bill making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2024, and for other purposes.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, at the start of the year, when Vice Chair COLLINS and I took over as leaders of the Senate Appropriations Committee, we announced something ambitious: We were going to return the committee to regular order.

The first thing everyone told us was: That is great. We all want to return to regular order. We all want to show the American people that Congress can actually function; that we can work together and solve problems and pass bills to make their lives better.

But the second thing they told us was essentially: Good luck. You are going to need it.

Well, Vice Chair COLLINS and I went to work. We said: Look, if this is going to happen, we have to show we are serious about writing these bills that can actually be signed into law. That meant a few things.

First of all, it meant we had to work with the funding levels in the debt ceiling deal struck by President Biden and Speaker MCCARTHY, a deal that I had—and I still have—concerns about and which required tough funding decisions across each of our 12 bills. But the President and Speaker shook hands, and that is the agreement that Congress passed into law. We can't produce serious bills if we start by throwing that framework out the window.

Secondly, it meant we had to work together to find common ground, including on tough and thorny issues, and compromise where necessary to produce spending bills that could make it through both Chambers and to the President's desk. That meant avoiding poison pills that could sink these bills.

And, third, we wanted to make sure that we had an open, bipartisan process. We wanted to give each and every one of our colleagues the chance to weigh in on these bills and the American public the chance to see our work on them. So we held over 40 hearings this spring to assess our Nation's needs for the year ahead. We sought input from all of our colleagues. We wrote these bills together, and then we held markups for the first time in 2 years. We televised the markups—the first time ever—so people could follow this debate from home. And at those markups, we discussed the draft legislation, considered amendments, and voted on our bills.

The result: For the first time in 5 years, we passed all 12 of our funding bills out of our committee, and we did it with overwhelming bipartisan support. Nine of the twelve bills passed unanimously or had just a single “no” vote. In total, 97 percent of the votes on our bills in committee were “yes” votes.

These are not the bills I would have written on my own. They are not what Vice Chair COLLINS would have written on her own. They are the bills we wrote together, along with our colleagues on the committee and with input from nearly every Senator on both sides of the aisle.

They are serious bills that can be signed into law, which is how this process should work. We should come together, look for common ground, and build on it to write bills that solve problems and make people's lives better and give our Nation and communities the resources they need to stay safe and competitive, to grow and thrive. That is exactly what the three bills in this package do.

As chair of the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, I am

pleased to say I was able to work with Senator BOOZMAN to put together a bill that gets our military and our veterans the support we owe them, the support that they need.

This is essential to keeping our Nation safe because our ships and submarines and aircraft are only as good as the infrastructure they rely on and the troops who operate them. So this bill provides DOD with \$19.1 billion for military construction. That is an increase over fiscal year 2023 levels.

This funding will help with construction needs across our country at base installations for projects like childcare development centers to make sure our servicemembers and their spouses can go to work knowing that their children are safe and housing like the barracks project at Joint Base Lewis-McChord in my home State and other facilities across the country to support our troops.

It will help make sure that our shipyards, like the naval base in Kitsap and the Puget Sound Naval Shipyard, are up-to-date and up to the challenges of this moment.

These investments will build our presence around the world, especially in the Indo-Pacific regions, and strengthen our military infrastructure to keep it resilient in the face of threats like severe weather and earthquakes.

And I am really glad we included funds to address harmful PFAS chemicals and other toxins at former installations that could put our communities in harm's way.

I am also very proud of the work we have done in this bill to support veterans and their families. As the daughter of a World War II veteran, I take the promises we made to those who fought for our country very seriously, and this bill ensures that we keep those promises by fully funding VA's budget request. We are talking about increased funding for mental health, suicide prevention programs, the caregivers program, expanding the childcare pilot program—that continues to be a huge priority for me across all of our appropriations bills—funding for homelessness prevention programs for our veterans, rural health programs, and, of course, women veterans' healthcare.

By the way, women are the fastest growing demographic of veterans overall. Our MILCON-VA funding bill also increases VA infrastructure funding so we can begin to address the challenges related to VA's aging medical facilities, and it reflects the much-needed pause and reset happening with the electronic health record modernization program.

I was raising the alarm from day one about how the unacceptable botched rollout of that program hurt veterans in my home State, and I am watching closely to make sure we see changes that provide real results for our veterans and our VA providers because, at the end of the day, these investments

are not just about programs and contracts. This is about our promise to get veterans the benefits they earned and need to stay healthy, like prescriptions, mental health care, cancer screenings, and more.

So the stakes could not be higher for those families, and we owe them that much, which is why I am proud this bill sends a clear, bipartisan message: We are not going to shortchange our veterans and servicemembers, and we will live up to our obligation to provide them with the resources that they need.

The next bill in this package—from the Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies—makes sure we are living up to another crucial obligation, and that is to keep our food supply safe and secure, and support rural communities across our country, because, at the most basic level, we can't have strong communities if people can't put food on the table. That means making sure that the food that is sold in our country is safe. It means protecting families from shortages—so avoiding and mitigating supply chain disruptions, addressing climate crises, like droughts, which can threaten crops we all rely on. It means addressing food insecurity so people can afford—and access—the food they need to keep their families healthy and fed. And it means supporting our Nation's farmers, who are such a huge part of our economy. For example, every day in my home State of Washington, we ship apples, cherries, wheat, potatoes, pulse crops, and so many other commodities across the country and across the world.

So I want to thank Senator HEINRICH and Senator HOEVEN for their very hard work to help put together a bipartisan bill that delivers on those crucial issues. This bill will make sure the FDA has the resources it needs to keep grocery stores and dinner tables safe and to implement the bipartisan cosmetics legislation that we negotiated last year and that many of us worked on very hard to pass.

It also includes crucial funding to support our farmers, for example, increased investments in agricultural research. Just last month, I was home and visited my alma mater, Washington State University, which is home to world class agricultural research programs. This funding will help universities like WSU to tackle problems that our farmers are facing, like, in my State, smoke exposure to wine grapes, herbicide resistance, and little cherry disease; not to mention efforts that we need to make to address water shortages, improve our yields, use inputs, and more.

The bill also funds absolutely critical nutrition programs like WIC, which is a lifeline that keeps so many families from going under. This bill fully funds WIC at the level included in the President's budget request, and we know that participation and costs for the

program are changing. So as we work to get final appropriations bills signed into law, I will keep working around the clock to make sure that no one loses their WIC benefits and no one is forced to be on a wait list. We have got to maintain the strong bipartisan support for that program going forward and continue to fully fund it, and that is a top priority for me.

My family had to rely on food stamps for a short time, and thanks to that help that we got when I was young, every one of my six brothers and sisters and I have been able to now grow up and give back to our communities because our country had our back when we needed it.

So make no mistake, our investments in WIC are not just the right thing, the moral thing; it is an investment in the future of America.

So if I haven't painted a picture yet, investments like this, which maintain our nutrition programs, support our farmers, and keep our food supplies safe and secure are truly mission critical to our Nation's future, but they are also bipartisan. There are things that we can all agree on that are important for America.

Finally, this package includes the funding bill from the Transportation, Housing and Urban Development, and Related Agencies Subcommittee. I previously led this subcommittee alongside Vice Chair COLLINS, as the chair and ranking member, and, I can tell you, investments here are critical to help prevent people from living on the streets or being out in the cold and to get people and goods where they need to go in a safe and timely way.

Washington State, like so many other States in our country, has really been grappling with our Nation's housing and homelessness crisis for years. So I am glad that we are able to maintain and build on some key investments in this bill that provide rental assistance to families in need, increase our housing supply, support maintenance for distressed properties, and connect people with healthcare, education, unemployment programs, and other support services.

And I hope we can come together in a bipartisan way to do more to tackle those challenges in a serious way in the future, because while this bill does take important steps and includes necessary investments, our housing and homelessness crisis is going to take a lot more than flat funding in most areas and modest funding increases in some programs, which is what was possible to negotiate under the tough budget caps in this debt ceiling deal.

When it comes to our Nation's transportation infrastructure, the investments in this bill are especially important in light of some of the derailments and disasters and disturbing close calls we saw this year. I am very pleased that we were able to increase funding for the Federal Aviation Administration so it can address the shortage of air traffic controllers, reduce flight

delays, increase efficiency, modernize technology, and critically improve safety, which is so important given the concerning number of near misses we have seen recently.

This bill also increases the Federal Railroad Administration's funding for its safety work to make sure we have enough inspectors to keep our rails safe and that we can research important questions to improve rail safety and efficiency.

So I really want to thank Senator SCHATZ and Senator HYDE-SMITH for their excellent work putting that bill together.

Each and every one of the appropriations bills in the package before us today is the result of an open, bipartisan process that invited input from every single Senator. In fact, that is true for all 12 of the bills our committee passed—all in overwhelming, bipartisan votes.

And, as my colleagues know, the Senate Appropriations Committee has plenty of Members on opposite ends of the political spectrum—strongly progressive Democrats and deeply conservative Republicans. In other words, getting here took a lot of hard work, late nights, and early mornings. And we had to really set politics aside, listen to each other, focus on the problems, and find common ground.

I think I speak for everyone when I say this work has not been easy. And, of course, I know as well as anyone that our work is not done. I think we all understand a CR will be necessary to see this process through. And we all understand supplemental funding is absolutely essential to respond to some of the urgent challenges our States are facing, like delivering disaster relief that communities desperately need today, paying our wildland firefighters, continuing to have our Ukrainian allies' back, and addressing the fentanyl crisis, not to mention the need, as I have spoken, of addressing the childcare funding cliff that threatens to put childcare further out of reach for too many families.

And, of course, even after we pass this funding package before us today, we need to get all the rest of our appropriations bills across the finish line. But by passing this package and the rest of our appropriations bills, we are showing the American people that there is a clear, bipartisan path for us to do our jobs and fund the government.

There is absolutely no reason for chaos or a shutdown, and I will continue working nonstop with my colleagues to make sure we get that job done. This was never going to be easy, but none of us came here because we thought it was easy. We came here because we wanted to make life better for folks back home, helping people and solving problems. I have said that a lot during my time here in the Senate, and I have brokered a lot of bipartisan deals, always in service to the people I represent back home, the friends and

neighbors that I grew up with. Helping people and solving problems, that is our job, and I would like to see us do more of that together—Democrats and Republicans.

So I urge all of our colleagues: Let's keep this momentum going. Let's show the American people that Congress can work for them. There doesn't have to be a calamity over funding the government. Let's show that there can and will be major policy disagreements on any number of issues, but their elected leaders can come together on what we agree on, and we will fund the government responsibly so they don't have to worry about chaos or shutdowns.

And on that note, I would like to encourage my colleagues on both sides of the aisle to come to the floor and talk about these bills—what they mean for your State, what they mean for your constituents, what your priorities are here—and to talk to me and to talk to Senator COLLINS if you have amendments and ideas for how we can make these bills better, because Senator COLLINS and I are working now to clear a managers' package and set up votes. Our staffs are still working too, and we are happy to work with your team so we can pass the strongest bills possible.

We have been working closely from day one to run an open, bipartisan process and to get input from all of our colleagues and to make sure everyone can make their constituents' voices heard.

One issue Vice Chair COLLINS and I heard about from many of our colleagues is the need to support communities rebuilding after recent disasters. I will have more to say on that in the days ahead, but it is front of mind for both of us and the Appropriations Committee as a whole to take care of our communities that are working so hard to rebuild after the recent horrible disasters, which include, as we know, the wildfires in Hawaii and in areas in Washington State, flooding in Vermont and California, as well as the damage caused by Hurricane Idalia.

So, as we get started on this bill, I say to all of my colleagues: Come to the floor. Talk to us. Work with us so we can get this funding package passed, help people, and solve problems.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Mr. President, I am very pleased to join Chair MURRAY as we begin debate on the first of what I hope will be a series of fiscal year 2024 appropriations packages considered on the Senate floor in the coming weeks. And I want to commend Chair MURRAY for her leadership, for her bipartisanship, for her relentlessness in getting us to where we are today. It did take a lot of work, and it has been a pleasure to be her partner.

When Chair MURRAY and I took the helm of the Appropriations Committee at the beginning of this year, we set forth the goal of returning regular

order to the appropriations process. Now, Chair MURRAY and I have served in the Senate long enough that we remember what regular order means. It means going through the committee process, reporting bills out after hearings and a markup, and bringing them to the Senate floor. But many of our colleagues on both sides of the aisle have never experienced regular order. That is how long it has been since we have done the process the right way.

The system just works better when we adhere to regular order, with committee members having the opportunity to shape legislation, and the Senate as a whole having the chance to work its will.

Regular order is not easy. In fact, it is a lot of work. Our committee members spent much of the winter and spring in hearing rooms, holding nearly 50 subcommittee hearings and briefings on the President's fiscal year 2024 budget requests. We scrutinized the funding levels, evaluated the programs, and asked the tough questions.

In June and July, our members were hard at work at developing, drafting, and advancing the fiscal year 2024 funding bills. For the first time ever, our committee markups were televised so that our deliberations and our votes on amendments and on passage of each bill were fully transparent. The result, as Senator MURRAY has said, for the first time in 5 years, the Senate Appropriations Committee has reported each and every one of the 12 appropriations bills. All of them passed with strong bipartisan support. Seven of them were approved unanimously.

Today, we take the next important step in restoring deliberation to the appropriations process as we bring the first package of funding bills to the Senate floor. I know that both Chair MURRAY and I are committed to doing our part to ensure a constructive floor debate with a robust amendment process. This will require the cooperation of all Members, and I hope we will be able to work together toward that goal. It is critical that we succeed in this effort so that we do not once again find ourselves in December faced with the unpalatable choice among a 4,000-plus-page omnibus bill, a yearlong continuing resolution, or, worst of all, a government shutdown.

The Republican leader spoke this morning about the importance of the package of bills before us. He noted that this legislation "is designed to address a trio of important commitments—to America's farmers, to our veterans, and to investing in transportation infrastructure." He went on to note that "seven percent of American adults are veterans of our Armed Forces." I am pleased to say that in Maine, that percentage is even higher. We rank among the top in the country in the number of veterans on a per capita basis who have answered the call to serve. The leader also noted that "ten percent of American jobs are supported

by agriculture. And our entire economy hinges on safe and efficient railroads, airports, roads, and bridges.” The leader’s remarks succinctly sum up the importance of these bills.

Our package includes the Military Construction and Veterans Affairs bill, led by Senators MURRAY and BOOZMAN. It was approved by the committee on June 22, so Members have had a great deal of time to scrutinize and read the language of that bill. This wasn’t something assembled hastily, behind closed doors, at the last minute. To the contrary, it was subject to in-depth hearings, negotiations, and transparent markups.

We are also going to include, I hope, the Agriculture, Rural Development, and Food and Drug Administration bill written by Senators HEINRICH and HOEVEN, which was also approved on June 22. It is a very important bill to the State of Maine, where potatoes are our No. 1 crop.

I grew up in Northern Maine, where potatoes are grown, and I helped to pick potatoes when I was age 10. The schools would recess so that the schoolchildren could help the farmers get in the crop before the heavy freeze made that impossible.

Of course, Maine is also known for its wonderful wild blueberries and many other crops.

We are also going to look at and include the Transportation and Housing bill drafted by Senators SCHATZ and HYDE-SMITH, which was approved on July 20.

Each of these bills—each one of them—was reported unanimously. That hardly ever happens around here. It is a tribute to the chairmen and chairwomen of those subcommittees and the ranking members and how hard they worked to put together a bill that reflected not only the views of their subcommittees and the full committees and input from Chair MURRAY and me but from so many other Senators who wrote to us with their priorities.

The first bill, the MILCON-VA appropriations bill, invests in critical Department of Defense infrastructure. It provides funding to support the European and Pacific Deterrence Initiatives, unfunded construction priorities of the Active Guard and Reserve Forces, and improved housing for our servicemembers and their families, which is so important at a time when we are experiencing recruitment problems.

I am particularly pleased that this bill fully funds the Shipyard Infrastructure Optimization Program, including the President’s request for \$545 million for Drydock No. 1 at the Portsmouth Naval Shipyard located in Kittery, ME—an essential national security asset for our submarine fleet.

This bill also keeps our commitment to our veterans by funding VA medical care and veterans’ benefits, including disability compensation programs, education benefits and vocational rehabilitation, and employment training.

Like Senator MURRAY, I, too, am the daughter of a World War II veteran, and thus, our commitment to our veterans is very personal to me. My father was a combat veteran in World War II who fought in the Battle of the Bulge. He was wounded twice and earned two Purple Hearts and a Bronze Star. It was he who taught me to honor our veterans.

I will never forget as a child his taking me to the Memorial Day parade every year in our hometown of Caribou, ME. He would hoist me high on his shoulders so that I could see the veterans march by and salute our flag.

I will never forget those lessons, and they are the reason I care so deeply about the service of our veterans.

I want to commend Chair MURRAY and Ranking Member BOOZMAN for their great work on this bill, and I know they will describe its provisions in more detail. In fact, Senator MURRAY, Chair MURRAY, already has.

The second bill in the package is the Agriculture appropriations bill, which funds programs that support our farmers, ranchers, and rural communities. Both the Presiding Officer and I, I think, represent two of the most rural States in America. It also protects our Nation’s food and drug supply and ensures that low-income families have access to critical Federal nutrition programs.

I am particularly pleased that despite this tight budget environment, this bill provides increased funding for agriculture research to support food security and sustainability and for FDA initiatives focused on drug and device shortages, food safety, and critical research focused on neuroscience and ALS. I commend Chairman HEINRICH and Ranking Member HOEVEN for putting together such a strong bill.

Finally, the third bill in the package provides essential funding for the Departments of Transportation and Housing and Urban Development and related Agencies.

Both Chair MURRAY and I have a soft spot in our hearts for this bill because each of us spent many years as either the chair or the ranking member of the THUD Subcommittee.

It supports the RAISE grant transportation program and the Bridge Formula Program that help address our Nation’s deteriorating infrastructure.

It invests in the FAA, supporting the addition of 1,800 air traffic controllers. We have a huge shortage in Bangor, ME. I heard from the air traffic controllers about how terribly understaffed they are. And the bill would modernize outdated systems, such as the Notice to Air Missions System that went offline earlier this year, shutting down the Nation’s airspace for several hours.

I am especially pleased that this bill contains support for shoreside infrastructure improvements at our Nation’s State maritime academies—including Maine Maritime Academy—that are necessary for docking the

newly constructed national security multimission vessels that are also the training ships for the maritime academies.

At a time when virtually every State faces an affordable housing shortage, this bill also maintains existing rental assistance for more than 4.6 million households and continues to make meaningful investments aimed at tackling the persistent and growing problem of homelessness, especially among our Nation’s veterans and youth. I thank Chair SCHATZ and Ranking Member HYDE-SMITH for their tremendous efforts on this bill.

I also want to mention that both Senators from Hawaii—and Senator SCHATZ again today—have talked to all of us about the tragic loss of life, the devastation that the recent wildfires have caused in their beloved home State. I note that the Presiding Officer, representing the State of Vermont, also has had a need for disaster assistance, as have the State of Maine and so many other States. We need to support the people of States that have been hit by these devastating disasters in their time of need.

Let me conclude my opening remarks by expressing my heartfelt gratitude to all of our committee members—particularly our subcommittee chairs and ranking members—for their extraordinary work in getting us to this point. Again, I especially want to commend Chair MURRAY for her leadership and commitment.

I look forward to a productive floor debate as we move forward, and I ask my colleagues for their support. The choice before the Senate is clear: Do we want to pass, with amendments, carefully considered funding bills or do we want to default to either an omnibus bill many thousands of pages long and with very little transparency or, worse, a yearlong resolution that funds programs that are no longer needed, prevents new programs from starting up, wastes taxpayer dollars, and is subject to indiscriminate cuts due to the provisions of the Fiscal Responsibility Act? The choice is very clear. The Senate should proceed to debate, consider amendments, and pass the appropriations bills.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois, the Democratic whip.

Mr. DURBIN. Mr. President, this is indeed a historic moment in the U.S. Senate.

As a member of the Senate Appropriations Committee for more than two decades, I can remember a time when, in fact, 12 different appropriations bills came to the floor of the Senate for consideration. It has been at least 5 years—maybe longer—since we have done that. Instead, we bundled all of the appropriations in one big omnibus bill and handed it over to leadership to decide. We waited for that desperate vote where they said: You have to vote for this; it is take it or leave it.

Well, we are back in the stage of due deliberation on appropriations, and I want to commend those who have brought us to this moment.

If you asked me at the beginning of this session to pick two Senators—one a Democrat and one a Republican—who could achieve this goal, I would have chosen the two who are here on the floor today, Senator PATTY MURRAY and Senator SUSAN COLLINS. They are extraordinary legislators, some of the hardest working people in the U.S. Senate, and they truly have dedication to a national purpose beyond anything that partisan politics might generate.

I have seen them at work for years and worked with them together. I can't think of a better team, and I am more than happy to work with them to achieve their goal for 12 appropriation bills considered and passed on the floor of the Senate. It will be historic, and it will serve the American people better than most of them could imagine today because it will mean we will take the time to do each of these bills in a thoughtful, careful way. So let me start by commending them for being here today and for the work that has brought us to this moment.

UNITED AUTO WORKERS NEGOTIATIONS

Mr. President, on July 12, the United Auto Workers and the Big Three automakers—General Motors, Ford and Stellantis—began contract negotiations to determine their next 4-year labor deal. Since it was founded nearly 90 years ago, the United Auto Workers have fought for and won victories that have helped strengthen America's working families. The UAW has won better pay for its members, safer working conditions, employer-funded pensions, health insurance, education benefits, and much more. UAW helped to allow autoworkers and their families to buy homes, take vacations, send their children to college, and retire with dignity. Autoworkers work hard; they deserve their opportunity to enjoy the American dream.

But the legacy that I have just described is in danger. Over the last 20 years, autoworkers have faced dozens of plant closures, lost jobs, wage cuts, and contract concessions. In 2009, the UAW made major concessions in its contracts to help these same automakers receive government assistance. This included job security provisions, cost-of-living adjustments, and financing for retiree healthcare. They made sacrifices so that their employer companies survived during that terrible situation in our economy.

How have they done? The automakers have reaped billions of dollars in profit since. But these benefits have not been passed down to the workers, and UAW members have seen their wages and standards of living suffer. Over the past 4 years, the CEOs of the Big Three that I have listed have seen 40-percent wage hikes on average, while autoworkers have seen 6.1 percent.

Decades ago, the ratio between CEO and median worker pay was around 20

to 1, which meant the big shots in the boardrooms were making 20 times what the fellow was making on the assembly line. Today it has changed. No longer 20 to 1; it is 300 to 1. Should CEOs be earning 300 times more than autoworkers? I don't think so.

Stellantis, General Motors, and Ford have reported collective profits of nearly—get ready—\$250 billion between 2013 and 2022 and a combined profit of \$21 billion alone in the first 6 months of this year—\$21 billion.

The salaries of their CEOs—listen to these—\$29 million for the CEO of General Motors, \$21 million for Ford's CEO, \$24 million for Stellantis—further evidence of this notion of corporate royalty. In 2007, the average wage for workers at Chrysler, Ford, and General Motors was \$28 an hour—in 2007—while the starting wage was \$19.36 an hour. In today's dollars, that is \$28.50. Today, the starting wage for autoworkers at the Big Three is \$18.04 an hour—more than \$10 lower than what starting wages would be if they had kept up with inflation since 2007. Eighteen dollars an hour.

In Springfield, IL, coming back from picking up some hardware at Lowe's, I passed a Taco Bell. The sign out front said starting pay \$17 an hour at Taco Bell. Autoworkers—professional men and women who work hard—are being offered \$18; Taco Bell, \$17.

Meanwhile, these same workers who are making \$18 an hour for the automobile manufacturers are asked to work 10- to 12-hour days, 6 to 7 days a week. And 61 GM, Ford, and Stellantis plants have been idle or closed since 2003. Thousands of jobs have been lost. And I can tell that story personally because one of the idled plants was a Belvidere assembly plant in Belvidere, IL, owned by Stellantis. That plant opened 58 years ago. They once had 4,500 union workers. In February, they laid off 1,350 workers who were blindsided at the time by that announcement. This was devastating, not just to the families of the workers but to the community.

I begged Stellantis: Reconsider this decision. And I have spoken to the president of the United Autoworkers who tells me it is one of his highest priorities. Workers are fed up. Earlier this year, autoworkers struggled to breathe in factories across Illinois and other States due to unprecedented wildfire smoke in Canada. Now they are saying, in this negotiation: Enough.

At the same time, Congress and the Biden Administration have made major investments in clean energy—including the production of electric vehicles.

Corporations cannot impose the cost of transitioning to electric vehicles on the shoulders of today's workers. We can and should invest in these vehicles while making sure they continue to be produced with union labor. These corporations that I talked about—the Big Three—have benefited from billions of dollars in profits in recent years. Why haven't the workers benefited as much?

In just two days on September 14, contracts covering 150,000 UAW workers at Ford, General Motors, and Stellantis will expire. At the same time, Stellantis put plants on critical status for 90 days.

What does that mean for the current workers before the contract would be announced? It would mean that they would work 7 days a week, 12-hour shifts. Why are they doing this? They are trying to pile up inventory.

Under critical status, workers can only receive 1 day off every 30 days, unless they use family medical leave. Meanwhile, Stellantis complains that it is behind thousands of units, while it continues to lay off workers. It just doesn't add up.

I urge the Big Three and the UAW to negotiate in good faith, reach an agreement before September 14—just 2 days away—and prevent a strike that will cost billions of dollars and impact 150,000 hard-working autoworkers.

This agreement must be fair to workers, include a restoration of the benefits that autoworkers sacrificed more than a decade ago, to keep these families afloat. And Stellantis must reconsider the closure of Belvidere assembly plant and welcome back the workers it laid off in February.

There is a lot at stake. The automobile industry is a major part of our economy. Autoworkers have done their best; they have sacrificed right and left to make sure that this industry stays as strong as it is—and even stronger—in America. The CEOs need to show a spirit of cooperation and teamwork to make sure that when they reopen this with a new contract, we are going to have many more years of prosperity for American automakers.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kentucky.

UNANIMOUS CONSENT REQUEST—S. RES. 336

Mr. PAUL. Mr. President, I rise in opposition to Democrats' mandates that forced our young Senate pages to be vaccinated three times. In a free society, no one should be forced to take an injection; no one should be forced to have a surgery; no one should be forced to submit to a medical procedure—particularly a medical procedure that was approved under emergency-use authorization.

Democrats' support for medical choice when it comes to vaccines appears to be inconsistent and selective. But I fear they won't be persuaded by any arguments towards liberty, so I would like to direct the majority of my remarks to the actual science about whether or not adolescents should have to be forced to have three COVID vaccines.

Initially, there were arguments made saying: We must forcibly vaccinate these kids or they will infect the older folks, the antiquarian Senators. But it turns out that argument fails because the science in the end showed that the vaccine didn't prevent transmission of the disease.

In fact, in August 2021, CDC Director Rachel Walensky admitted for COVID-19 that the vaccine does not stop transmission:

Our vaccines are working exceptionally well . . . But what they can't do anymore is prevent transmission.

So the government, the proponents, those for the mandates argue: Well, we have to do it; it will stop the disease and we won't have any more spread.

Well, it turns out that wasn't true. The vaccine does not stop transmission. With that, it should have been the end of the arguments for mandates, because you are no longer talking about your health versus someone else's health. The only argument that those who are for the mandates argue now and those who argue for taking the vaccine is that it reduces your health risk—the individual who chooses to get vaccinated. However, when you look at the data, that appears only to be true for targeted populations.

If you are at risk for being hospitalized or dying from COVID, over age 75, immunocompromised, have other health concerns, there is some argument for a vaccine. But for a young, healthy person, there is no logical argument. If you look and ask yourself will taking a booster reduce transmission, the argument is no. Whether you are at risk or not, it does not reduce transmission.

If you are at risk for hospitalization or death, it may well reduce that. But the young pages we are talking about are not at risk for that. In fact, when we look at it, throughout Europe, there was a study of 23 million folks—young folks—and they found the death rate was zero. Israel looked at this: Death rate zero for young, healthy people. Germany looked at this, ages 5 to 17: Death rate for young, healthy people, zero.

And people say, well, what is the big deal? The vaccine is not that big a deal. You know, certainly, it is not going to hurt them. It has to be better than having COVID. Well, it turns out when you weigh the risks versus the benefits for a particular age group, it is actually not true. If you look at the risks of side effects from the vaccine—and the main worrisome side effect that we are concerned with is an inflammation of the heart called myocarditis or pericarditis—a study by Prasad and Knudsen looked at 29 different studies and found that the incidents, averaged out, was a little over 2 per 15,000.

The Vaccine Safety Datalink looked at this again and found also it was about 2, 2.5 out of 15,000. Even the CDC admits that the risk of myocarditis for young people is about 1 in 15,000. Tracey Beth Hoeg looked at a retrospective study of those who have been injured by vaccines and found the incidence of adverse cardiac events was about 1.62 per 10,000. So it's not like every kid is going to get myocarditis, but you have to weigh the incidence of 1 or 2 or 3 out of 15,000 getting a serious

disease that could affect their health or even debilitate them.

The risks and benefits are different for every individual. That is why in a free society, the individual or the individual and their parents make this decision with their doctor; sometimes they get more than one opinion. But we don't mandate—in a free society, we don't just tell them: Do what you are told or else. But that is what is happening.

It is not just happening here in the Senate—although, the Senate is setting a terrible example for the country. Many universities are still doing this. It is actually medical malpractice to require these vaccines for kids. It turns out when you look at the incidence of myocarditis, over 90 percent of the heart inflammation that occurs in young people occurs after the second dose.

You can get rid of 90 percent of—admittedly, not a real common problem—but you can get rid of 90 percent of the risk of this vaccine by not requiring more than one. But we are not talking about just the second dose, where 90 percent of the inflammation comes from the second dose. We are talking about Senate Democrats—because Republicans would like to get rid of this—Senate Democrats are requiring three vaccines. There is absolutely no scientific evidence. In fact, when this went to the committee studying this, the first committee that looked at this was the FDA Vaccine and Related Biological Products Advisory Committee, and Dr. Paul Offit sits on this committee.

They voted not to advise giving the booster to anyone unless they are over 65. They said: Let's look at the risks and the benefits. The disease COVID appears to be affecting the older generation. They are more at risk. We can put up with some risk for the vaccine; but for the kids, it is not worth it. The committee voted.

So then it went from the FDA's committee to the CDC's vaccine committee. Guess what? They voted against recommending the booster also. They said, reserve the booster for those who are at risk, for at-risk populations.

So how did we get a booster mandate? How did we get a booster advice from the CDC saying everybody from the age of 2 months should get a booster? How did we get it? The CDC political appointee of the Biden administration overrode the FDA vaccine committee and overrode the CDC committee.

Dr. Paul Offit was and still is on the Vaccine Related Biological Products Advisory Committee, and he voted to reserve the booster for those at risk. He is the director of Vaccine Education Center and professor of pediatrics in the Division of Infectious Diseases at Children's Hospital of Philadelphia.

He is not someone who is opposed to vaccines. He spent his whole life advocating for vaccines. He is on a com-

mittee that has approved the COVID vaccine. He just simply said the vaccines should be targeted, and it should be extended and advised—not even mandated but advised—for people over 65 but not for kids. His committee voted no. The FDA committee on vaccines voted no; don't give the vaccine to kids.

The CDC committee on vaccines voted no; don't give it to kids.

What do Senate Democrats want? Put their heads in the sand and make a political decision because they love central authority to mandate that these kids get three vaccines, even though the science goes against all of it.

Paul Offit, when asked whether or not his son who was 24 would get the vaccine, he said:

He shouldn't get the vaccine.

So we are stuck with a situation where there is no evidence and no historical precedent for mandating this kind of treatment. There is no historical precedent for mandating that the Senate and Senate Democrats intervene between the doctor of these children and making their own medical decisions. It is taking away the idea that risk and benefit are debated and discussed based on your risks and benefits. So what we find is that advice that actually probably is good, if you are over 65, to consider getting a booster—although it still should be voluntary—we are going against the best advice to actually promote that these kids get a vaccine that may well be harmful to them.

The CDC has admitted it doesn't stop transmission. But then you want to ask yourself, what are other countries—what are they doing around the world? They looked at 23 million people, ages 12 and up, in Denmark, Finland, Norway, and Sweden. What did they find? They found that after two doses of the mRNA COVID vaccine, the risk of myocarditis was higher than compared with those who were not vaccinated. This is exactly why much of Europe is now limiting the vaccine and not giving the vaccine to certain age groups.

What they found in these studies is that adolescent males, particularly between the ages of 12 and 26, are at a heightened risk for this. In fact, Tracy Beth Hoeg, in her study, looked at the possibility of adverse cardiac events versus a possibility that someone their age could go to the hospital over a 120-day period. They found that the possibility of an adverse cardiac effect was about five times greater than any of these kids even going to the hospital.

But what we did find is—and this is why several countries have actually limited this—Germany, France, Finland, Sweden, Denmark, and Norway now restrict the mRNA vaccine and don't advise giving the vaccine to this age group, particularly don't advise giving them three vaccines.

A study in December in the *Journal of Medical Ethics* found about 14.7

cases of myocarditis—actually, 1.47 cases per 10,000 in ages 18 to 29. They also found that those who had the heart inflammation, 3 months later were still suffering from the inflammation of the heart.

Dr. Offit, who sits on the committee that voted against recommending this for adolescents and for children, wrote in an op-ed that “[a] healthy young person with two mRNA vaccine doses is extremely unlikely to be hospitalized with covid, so the case for risking any side effects—such as myocarditis—diminishes substantially.” That is why they did recommend against the third vaccine, which is exactly the opposite of what the Democrats are doing. They do and want to mandate three vaccines on these kids.

As one editorial put it last year, if being boosted becomes a prerequisite for participation in normal life, the vaccine’s diminishing efficacy means the boosting campaign will never end.

Dr. Marty Makary, professor of Johns Hopkins School of Medicine, wrote in the Wall Street Journal:

The U.S. government is pushing Covid-19 vaccine boosters for 16- and 17-year-olds without supporting clinical data. A large Israeli population study, published in the New England Journal of Medicine . . . found that the risk of Covid death in people under 30 with two vaccine shots was zero.

Germany showed zero deaths among healthy kids ages 5 to 17.

There is no scientific rationale for mandating three COVID vaccines for healthy kids. Even World Health Organization Chief Scientist Dr. Soumya Swaminathan said last year that “there’s no evidence” that suggests healthy children and adolescents need booster shots—no evidence. This is the head of the WHO. These are not opponents of vaccines. These are people saying that there is no evidence and that it might harm these kids to get vaccinated, and yet Democrats will vote today, the lot of them, to say that basically we must force these kids to get three vaccines or they can’t be up here.

Now, you might say: Well, gosh, we are just so worried and we don’t know everything and so what do we do?

Well, how about all the other people who work up here? At any point in time, the other 10 or 15 people in this room, are they required to get vaccines? No. We are only requiring one group subset to do it. These kids have to get three vaccines. They are the least likely to get sick from COVID. They get COVID, and they don’t even know it. The vaccine doesn’t stop them from getting COVID. They have naturally acquired immunity as well. If you don’t ask yourself what that means, you are not paying attention to any science.

Wouldn’t you want to know whether they have had it? Even if you really thought a vaccine mandate was great, what if I have already had COVID? Do I need three more vaccines? Because I have already had COVID, I developed natural immunity.

Dr. Martin Kulldorff of Harvard Medical School says that mandating people who have already had COVID that they still get vaccinated makes zero sense from a scientific point of view, and it makes zero sense from a public health point of view. A study in Lancet supported this view, stating that current evidence does not appear to show a need for boosting in the general population.

That is why the FDA committee and the CDC committee both voted against advising it. It is not only bad advice; it is a horrific mandate. It would be one thing if you want to give advice to tell people that we think it is a good idea, but it is another to tell them they have got no choice. Do you want to participate in the elite program here in the Nation’s Senate? You can’t come unless you do what Democrats want, submit to three vaccines, even though it may increase your risk of heart inflammation. They don’t care. Mandates are fine.

A study at Lancet looked at this and said that it was a bad idea. It says: Currently available evidence does not show the need for widespread use of booster vaccination in populations that have received an effective primary vaccine or who have already been infected with the disease.

When we consider the rules for the pages, we ought to ask: Will these policies be expected to continue indefinitely? The virus mutates about every 3 or 4 months. You have got a brandnew virus. You have got a virus now you didn’t have 3 or 4 months ago. The vaccines also lose their potency. Are you going to mandate until the end of time? It is also not the same.

Are you going to stick your head in the sand and say this is 2020? No, the virus in 2020 actually was more lethal.

One of the good things about viral evolution is they typically evolve to become less dangerous and more transmissible. You can catch COVID by looking at somebody wrong, but fortunately it is not as deadly as it once was.

Are there still some people dying from COVID? Yes, people who are at high risk. If you go to a doctor and you have chest pain and you are 12 years old, he doesn’t or she doesn’t treat you the same way as if you would go in and you are 60 years old.

If you walk into an emergency room and you are 15 years old with chest pain, they usually might think of asthma or other problems but typically not a heart attack. People are treated differently based on their age. Doctors think of what is common in that age group.

If I go in with chest pain, they are going to do heart enzymes. They are going look for a heart attack. That is the first thing they are going to look for. But they don’t treat everyone the same.

This is blindly what we are being told by the Democrats; that everybody is the same, submit or else. But it is not

just the pages whom they are hurting here. It is not just the pages that they are increasing their risk for this heart inflammation. They are setting an example and other universities are doing it. Still, tens of thousands of young American kids are being forced to take three vaccines.

You say: Well, they are not being forced. They can choose not to go to Yale or Harvard. What if your dream had always been to go to one of these schools? You have to give up your medical freedom and your good judgment just simply so you can do exactly what Democrats tell you to do?

Multiple scientific studies have shown a heightened risk of this heart inflammation or myocarditis for children and teenagers after taking the vaccine. Ninety percent of the myocarditis comes after the second or the third vaccine. If you simply went to one vaccine, you would get rid of 90 percent of the problem. And yet, they are still insisting that we do something that is actually medical malpractice, that these kids be forced to take three.

Multiple countries have begun restricting the vaccine for certain age groups. Germany, France, Denmark, Finland, and Sweden all have restricted Moderna’s vaccine for young people. Norway, South America, and the UK all chose to recommend only one dose of Pfizer due to the risk of cardiovascular side effects for boosters in children. And yet what we would get today is not a discussion, not we are open to compromise, no maybe the science has changed and we will re-evaluate it; you will get from the Democrats: No, get three boosters or you can’t come to the Senate.

Why is the U.S. Senate choosing to ignore the risk other countries have acknowledged when mandating these vaccines for young people who are in peak physical condition? What happened to a belief in medical choice? What happened to a belief in medical freedom?

Public health measures should be backed up with proof that the benefits outweigh the burdens, and if you want to treat everyone the same—you want to say that teenagers are the same as 75-year-olds—that is not good medicine; that is not good science.

There is no evidence that when it comes to vaccination and booster mandates, especially for teenagers who as a group are less vulnerable to the virus than any Senator, that is why I am asking unanimous consent today that we pass my resolution to get rid of this ridiculous and unscientific mandate.

So, therefore, Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 336, which is at the desk; further, that the resolution be agreed to, the preamble be agreed to, and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. MURPHY. Mr. President.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, reserving the right to object. First of all, I want to assure the pages that we normally don't spend this much time debating you guys.

At the end of the July session, there was a verbal assault on pages who were in the Rotunda, which caused both Senator SCHUMER and Senator MCCONNELL to rise to the pages' defense.

We have now spent an inordinate amount of time this week debating healthcare policies related to the pages.

Second, while Senator PAUL and I often find common cause, I am continually stunned at his unseriousness about the scope of this ongoing tragedy. No matter how many times I hear Senator PAUL rail against vaccines, I am still heartbroken by the fact that so many of my colleagues don't understand the devastation that has been wrought in this country, as 1.1 million Americans—1.1 million Americans—have died from COVID, in large part, because of the ongoing attacks against vaccines that work that has undermined the public's confidence in one of the very best tools that we have to combat the worst of this disease and this virus.

I am looking at a scientific study from earlier this year naming COVID-19 as the eighth leading cause of death for children in this country. It is true, it is rare for a child to die from COVID, but when you have 1.1 million people dying of COVID in this country, of course there is going to be an unacceptable number of children who die from COVID.

COVID-19 deaths displaced influenza and pneumonia, becoming the top cause of death for children caused by any infectious or respiratory disease. It caused substantially more deaths for children than any vaccine-preventable disease, historically, this study showed.

And so, yes, our pages are working for us. We are responsible for them while they are here. And, yes, children are not immune from COVID. And, lastly, the only mandate that we are talking about as we consider Senator PAUL's resolution is the mandate in his resolution. Right now, there is no statutory or rules-based vaccine mandate. The Senate has been silent on this question.

So it is up to the public servants who run the Senate and the medical advice they rely on as to whether or not pages should be required to get vaccinated.

There is no mandate.

Senator PAUL's resolution is a mandate. Senator PAUL says under no circumstances can pages be required to be vaccinated, even if the virus mutates, even if a new vaccine comes along that is even more efficacious—under no circumstances can there be a requirement for a vaccine. Under current policy, under current statute, under the cur-

rent rules of the Senate, it is up to the Senate leadership. It is up to the medical advice that they rely on, and they could change that advice as time goes on. Under Senator PAUL's mandate, they could only make one choice.

COVID cases are rising. People are at risk again, and this constant campaign to use every mechanism possible to try to undermine people's faith in medicine and science and vaccines is not just about the pages who serve here; it is about the entire American public that is disserved by a U.S. Senate that continues to try to undermine the basic tools that we have to try to fight this ongoing epidemic that still plagues too many in this Nation.

For that reason, I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Kentucky.

Mr. PAUL. Mr. President, in no way, shape, or form have I opposed vaccines for those who are at risk. Back when my in-laws, who are 92 and 86, first became eligible for the vaccine, the first thing we did was call the health department to see if we could get them a vaccine. Unfortunately, the health department wouldn't answer the phone, but they did have a useful message. They said, if we knew anybody who was not wearing a mask, we could report them to the police, but they didn't do anything about vaccines.

But I have never been opposed to vaccines. In fact, a lot of the vaccine hesitancy that we have in our country comes from the unscientific, unfounded, and half-baked ideas of the Democrats on this. When Democrats tell you that we should force 15-year-olds to be vaccinated—because that makes no sense and because their parents know it makes no sense and they know it makes no sense—that leads to the distrust of the government on other fronts.

So I mentioned earlier—and this, apparently, was lost and not necessarily received by the other side—that the FDA committee, in looking at boosters, advised not to give boosters to teenagers. Now, they hide behind that by saying: Oh, there is no mandate. Ask these kids if there is a mandate. Ask their parents. Ask the media. Call them up. Ask them: Is there a mandate? No, they can't be here unless they have three vaccines. There is a mandate. We have the chance to undo the mandate, and that is what the vote would be about.

The FDA didn't even advise giving it. The FDA didn't even advise giving it to them, but they definitely didn't advise mandating it. The CDC said the same thing. The only reason we got any kind of approval for this booster is that the political appointee of the Biden administration overrode both of the vaccine committees in order to approve it.

Normally, you would have to prove efficacy—a reduction in hospitalization. Well, transmission would be one. The Senator came to the floor and said this is a vaccine-preventable disease.

Well, this isn't a vaccine-preventable disease because it doesn't stop transmission; it doesn't stop you from getting it.

But here is the thing: If you look at kids and boosters and you want to prove whether they are good for kids—and this is all we are talking about. We are not talking about the elderly or the infirm or people who have risk factors. We are talking about these kids. If you look at these kids and you ask, "Do they have any risk factors or are any of them dying?" we will refer to some statistics here. Well, the statistics aren't accurate. If you look at healthy kids—there was not one healthy kid. The answer wasn't a few. It was zero. In Germany, zero healthy kids died. In Israel, zero healthy kids died. A handful of unfortunate cases of children in our country did die. I think it was a little over 100 kids in a country of 330 million, and, sadly, every one of those cases had a severe medical illness and a problem.

I think it is an abomination that they want to say, "Oh, we are the only ones who care about the million people who died," when we are the only ones who have been trying to figure out where this virus came from. For the last 3 years, I have been asking every day: Did this virus escape from a lab?

And not one Democrat will stand up and say: I will help you find out. We will look at it together.

Every Democrat has said: We don't care. We don't know, and we don't want to know where the virus came from.

But if it came from a lab, maybe we should quit funding this research. Should we quit sending our money to China, to a lab that operates in an unsafe manner? That would be a way to show you care about a million people.

But this is, make no mistake, a mandate on these young pages. It is wrong. It is malpractice. It shouldn't happen. There is no scientific evidence, and the government's own vaccine committees don't advise it. Yet Democrats, today, have said they don't care about the pages. They don't care about their parents. They don't care about their medical privacy. They don't care about their ability to discern the risks and benefits of having a medical procedure. So medical choice be damned. Democrats are going to tell you what to do, and just remember that. Just remember that they don't care at all about your own choice about your own body.

The PRESIDING OFFICER. The Senator from Texas.

APPROPRIATIONS

Mr. CORNYN. Mr. President, as the Members of the Senate know, this week, we are expected to vote on a series of three appropriations bills—3 out of the 12 appropriations bills that passed out of the Senate Appropriations Committee a couple of months ago. With just 2½ weeks left before the end of the fiscal year, time is of the essence. Unless Congress funds the government in the next 18 days, the government will shut down.

Now, you might ask yourself, if these appropriations bills passed out of the committee with strong bipartisan votes months ago, why are we waiting until 18 days before the deadline to begin the debate and vote on these appropriations bills—and not all of the appropriations bills, just a subset of three.

Well, we know shutdowns do not benefit anybody. I notice on social media there is a lot of anger out there in Washington, and people say: Yes, let's shut down the government. That is a good thing. It is too big. It is too intrusive. It is doing things I don't like.

But, if you think about this for a moment, with a shutdown, servicemembers—members of our military—will have to work without pay. Veterans won't get the benefits or services that they have earned. Mortgages and other loan applications will be delayed. Passport processing will grind to a halt. Maybe there is even a risk that Medicare and Social Security payments will not be delivered on time. So shutdowns are a blunt instrument. I think we have realized that, with a shutdown, when the government reopens, the same problem is staring you right in the face, so you might as well deal with it on the front end rather than on the back end.

From minor inconveniences to major disruptions, the American people are affected by lapses in government funding. We have learned that lesson before. The surest way to avoid any funding drama, which is what we are experiencing now, drama—the surest way to avoid that is to pass spending bills on time and in a transparent, normal process, something we call regular order around here. That means using the processes that are already in place to write, debate, and pass quality legislation. And it is done in a transparent sort of way, where every Senator—all 100 Senators—can participate. If they have got a better idea, they can offer an amendment. They can try to persuade colleagues, and they can get a vote.

Well, at the start of this summer, I was feeling somewhat optimistic about the government funding process. The day the Senate passed legislation to lift the debt ceiling and curb government spending, Leader SCHUMER and Leader MCCONNELL issued a joint statement about the funding process. They asked the chair and vice chair of the Appropriations Committee to get the regular process back on track. They also pledged to work in a bipartisan fashion to advance funding bills and noted “expeditious floor consideration would be key to preventing automatic funding cuts.”

Well, there is no question our friends on the Appropriations Committee, led by Senator MURRAY and Senator COLLINS, have done their job. They did. As a matter of fact, I think three of these bills—maybe the three in front of us—passed with unanimous votes in the Appropriations Committee, and all of

them passed with broad bipartisan support. The point is the Appropriations Committee passed all 12 regular appropriations bills before the Senate adjourned for the August recess. To show you how rare that is these days, this is the first time in 5 years that the Appropriations Committee actually processed all 12 bills.

I want to commend Senator MURRAY and Senator COLLINS and the entire Appropriations Committee, on a bipartisan basis, for doing their job and for doing it on a timely basis.

Well, thanks to their hard work, the Senate was in a strong position to advance these appropriations bills on an individual basis or, if necessary, to combine a few of them in what sometimes are called minibuses. We were well positioned to do that well in advance of the September 30 deadline.

As Senator SCHUMER affirmed in that joint statement earlier this summer, expeditious floor consideration is key, but his actions don't match those words. Today, more than 80 days after the Appropriations Committee passed its first spending bill, the full Senate is beginning—beginning—to consider the first batch of those bills. This is 80 days after the first bill passed. That is not what anybody would call expeditious.

The American people may or may not know it, but the majority leader has tremendous power. He has near-full ball control in terms of the Senate's agenda and the timing of legislation. He actually determines which bills come to the floor, when they receive a vote, and how many amendments will be considered. The majority leader is in the driver's seat. Senator SCHUMER could have called any of these bills up for consideration, debate, and a vote at any time in the last couple of months, starting with the first one that was passed 80 days ago.

Senator SCHUMER has been around here a long time. He is a smart guy. He is a shrewd operator and a worthy adversary when it comes to politics, but he knows the Senate can't complete its work in 18 days. Plus, in addition to the 12 funding bills, we need to pass the farm bill, the Federal Aviation Administration reauthorization, and the final version of the National Defense Authorization Act. That is a lot of work in an impossibly short amount of time. The majority leader knows that, and he knows, if he actually wanted to keep his commitment to the Senate, to Senator COLLINS, and to Senator MURRAY, that he should have started this process far earlier than today.

The Senate had a 2-week recess over the Fourth of July, and we had a 5-week recess in August. There has got to be some time in there that we could have used on something other than routine nominations, whereby Senator SCHUMER could have put these bills on the floor, and we could have kept to his commitment of the expeditious consideration of the bills. I understand that these recesses are sacrosanct. I am not

sure we needed 5 full weeks for the August recess. Maybe 4 weeks would have been good but with a little notice so that everybody could plan.

My point is that Senator SCHUMER, apparently, had no interest in seeing each of these 12 bills being voted on on the Senate floor before the deadline. So here we are.

Now, you may ask: Why would Senator SCHUMER sabotage the regular order process for the appropriations bills? Well, there are a couple of reasons. One is that it maximizes his power because he knows, once you get down to the deadline, that four or five people are the ones who are going to basically figure out how to get out of this box canyon.

Meanwhile, the rest of the Members of the Senate, all 98 or so of us, are left with no options. We can't engage on behalf of our constituents. We can't cut what needs to be cut. We can't prioritize the spending. We can't offer amendments. We can't vote. All of that goes down the drain when the majority leader sabotages the timing of this appropriations process.

Senator SCHUMER waited 18 days before a potential government shutdown before putting the first funding bill on the floor. Now, if there is a shutdown, and I don't recommend it, it was engineered by the majority leader himself, which is why it should be called a Schumer shutdown.

I hope that doesn't happen, but he knows that the House is in a different place than the Senate in terms of the spending levels. He knows that Speaker MCCARTHY has a razor-thin majority. He knows the politics of what is happening in the House. He has already been quick to blame the House for a potential shutdown. But, as I have explained here, any potential shutdown is Senator SCHUMER's own making.

The press has already taken hook, line, and sinker the narrative that this is somehow the fault of Republicans in the House.

While the majority leader is quick to say the Senate passed 12 bipartisan appropriations bills through the committee, we are engaging in a bipartisan process this week, maybe next week. Well, he knows we can't get through this process between now and the end of this month. So he knows that basically what he has engineered is one of two options: He has either engineered a shutdown, or he has engineered a continuing resolution, which essentially means postponing or continuing the funding at current levels to some future date. Of course, that is going to have to be negotiated, what that date looks like.

This is not a genuine effort to return to regular order. It is, frankly, political theater. It is an attempt to make good on the promise to return to regular order without actually doing it.

I have been fortunate to have been in the Senate for some time now. I have seen this place work well, where every Senator gets to contribute to the process, where the committees do their

work, where the majority leader gives the Members of the Senate an adequate time to debate bills and to vote on amendments and to pass legislation. When you do that, it is much easier to build consensus, bipartisan consensus, to actually get things done, and the work product is far superior because everybody has had a hand in crafting it.

Every Member of this Chamber—and by extension, all 330 billion of our constituents—deserves a say in this legislation. Regardless of where they are from, which committees they sit on, or how long they have been in the Senate, all 100 Senators should have a voice in this process.

The majority leader has squandered valuable time that could have been spent debating, amending, and passing appropriations bills on a timely basis. That is why everyone knows that a continuing resolution is the probable outcome of this disaster.

It did not have to be this way. And if there is a shutdown, which I hope there is not for the reasons I have tried to explain, I think it should be called the Schumer shutdown.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

PRESCRIPTION DRUG COSTS

Ms. KLOBUCHAR. Mr. President, I rise with many of my colleagues today to mark a new era for patients in this country.

Last year, we decided that enough is enough, and we put an end to the sweetheart deal that let drug companies charge seniors on Medicare whatever they wanted for some of the most common lifesaving and life-improving prescription meds on the market. Now the Big Pharma companies are trying to stop this legislation with absurd lawsuits.

I will talk about that effort in a moment, but for now, let me say unequivocally that allowing Medicare to negotiate lower prices is a victory for seniors, a victory for taxpayers, a victory for patients and their families, and a victory for America.

Mr. President, thank you for your work on this as the Senator from Vermont. When you were the House Member for Vermont, you led this bill in the House, and I led it in the Senate. We worked together to allow for negotiation on drugs. Finally, this bill has been passed into law as part of larger legislation.

A number of our colleagues, including Senator WYDEN of Oregon, have long been leaders on this issue.

I think we all know this progress could not have come soon enough. We know that Americans pay the highest

prices in the world for the same brand name prescription drugs. In fact, prescription drug prices in the United States are more than 250 percent higher than drug prices in other industrialized countries. Not only are prices sky high, we have all watched them get higher.

As Senator WYDEN has worked on it; as you, Mr. President, have worked on this; as Senator SCHUMER has worked on this, we have continued to battle, sadly, the other side when it comes to putting our provision into law that allows Medicare to negotiate better prices. Finally, we did it on our own. We did it on our own but not really. We did it with the seniors of this country, with AARP at our side, with so many advocacy groups.

Taxpayers should not have to foot the bill to have the money go into higher profits for companies that already are making much more than the average company on the stock exchange.

Not only are we seeing high prices, but it literally makes it unaffordable for some patients. What good are treatments and cures if they go unused because they are unaffordable? The average price of the 25 brand name medications that Medicare spends the most on, 25 top blockbusters, has tripled on average, tripled since the drug hit the U.S. market.

Think about it. We all believe in competition. We believe in capitalism. Well, if you allow for real competition and generics to get on and you don't mess around and play around with the patent system and change this little thing so you get a longer patent and you don't put into law a sweetheart deal that says Medicare can't negotiate any prices for 50 million seniors—which, by the way, affects everyone else because when that, the biggest negotiating group in the country, is locked out from the table, when they are locked out of the room, it hurts everyone else as well.

This change alone, when the administration just put the first 10 drugs on the negotiating table, 900—900—we have so many people involved and who will be affected by this that we will save over \$300 billion. That is a big, big deal.

Not only are prices sky high, we know that the numbers only grow more shocking as you learn about the people behind them and about the profit margins of the big drug companies.

I am thinking of Kerry and his wife, who live in Cloquet, MN. Both take Jardiance. This prescription drug costs them \$750 each for just 1 month's supply, and that is on top of the cost of their other meds.

I know of a 71-year-old Medicare beneficiary from Oak Grove, MN, who also relies on Jardiance to control a heart issue. Last year, the drug cost her about \$530 for a 90-day supply, roughly a sixth of her take-home pay from her job at a senior care residence.

Another Minnesotan, a 67-year-old Medicare beneficiary from Glenville,

paid roughly \$750 total for a 90-day supply of Jardiance and Januvia and stopped taking the drugs altogether due to the cost.

Then there is another patient from Rochester, MN, southern Minnesota, who was diagnosed with a rare form of blood cancer. She was relieved to find that she would be able to take an oral medication instead of invasive chemotherapy treatments, but it was going to cost \$680 per month, nearly half of her monthly Social Security check. Her daughter applied for grants and figured out a way to make ends meet, but it just shouldn't be that hard.

Those are just a few of the many Minnesotans who have had to tighten their belts to satisfy Big Pharma's greed. You will hear the stories from Oregon. You will hear the stories from every State in the country. In fact, Big Pharma makes almost, as I said, three times the average profit margin of other industries on the S&P 500 exchange, three times larger profit on average of other industries on the S&P stock market. Yet nearly 30 percent of Americans say they haven't taken their medications as prescribed due to costs. That is unacceptable.

The Presiding Officer, over in the House, and I led these bills to get rid of that sweetheart deal. And, yes, we got this in through the Inflation Reduction Act, got it signed into law.

A couple of years ago, Medicare announced the first 10 drugs selected for price negotiation, including, as I mentioned, Jardiance, which treats heart failure and diabetes; Januvia, another prescription for diabetes; Enbrel, for rheumatoid arthritis and psoriasis treatment; and Xarelto and Eliquis, medications to prevent blood clots. Taken together, those two—Xarelto and Eliquis, to prevent blood clots—are taken by 5 million Medicare beneficiaries.

I want to correct one statistic I used. It is up to 9 million Americans with Medicare Part D who take the drugs that were selected, and they have spent—I said 300—they have spent \$3.4 billion in out-of-pocket costs. Up to 9 million Americans with Medicare Part D take those 10 drugs, paying an average of between \$121 and \$5,200 a month out-of-pocket. And \$5,200 a month—how much is that per year? The pages can do the math. That is \$60,000 on average per year.

What does this mean for a senior on a fixed income? That relief is finally coming.

For years, we toiled on this legislation, as the Presiding Officer and Senator WYDEN know, but it was Joe Biden who finally got it over the finish line and signed it into law, giving Medicare the power to negotiate with drug companies to help bring the price of medications in the United States down.

The law also, as we all know, has other provisions—\$35 out-of-pocket monthly cap on insulin. This new policy has lowered the cost of daily living for over 1.5 million Americans already.

We now have drug companies that have voluntarily, for non-seniors, capped it. I predicted this would happen—several of us did—because it is kind of hard to say: Well, seniors get \$35, but a 15-year-old has to pay \$100 a month. So you are starting to see that change. That law also provides free recommended vaccines, like the shingles or pneumonia shots. That is going to help the average Minnesota senior save 100 bucks. Then, of course, the legislation puts a \$2,000 cap on out-of-pocket spending for Medicare beneficiaries starting in 2025.

What happened? Lawsuits. Johnson & Johnson—let's name them—Johnson & Johnson has sued. I thought when we passed it, signed into law by the President of United States—anyone who knows "Schoolhouse Rock!" knows you have both Houses, a bill signed by the President, it is law. What do these guy do? They go out, and they sue in court, like: Oh, we made a sweetheart deal 20 years ago, and we want it back, so we are going to sue. They hired tons of lawyers.

Johnson & Johnson, Merck, Bristol Myers Squibb, Boehringer Ingelheim, and Novartis, as well as the industry trade group, the Pharmaceutical Research and Manufacturers of America, better known as PhRMA—they have all sued.

We know that this effort is patently absurd. Government Agencies negotiating on drug prices isn't novel or unprecedented. The VA has done it for years.

End story: We persisted after nearly \$400 million was spent on lobbying in Congress. After every Member of Congress had three lobbyists assigned to them, we still passed this bill.

We still passed this bill. So big surprise, they have gone to court. But we will win there, too. Their legal argument is somewhat absurd, that somehow this is a taking, when in fact it is their choice to participate in capitalism and provide these drugs and be part of a competition. It is not a taking if they don't want to sell drugs to 50 million Americans. I guess that is up to them.

These first 10 drugs are just the beginning. We must go then to the next 15, the next 15, the next 20. That is how the law works and, at the same time, take on these patent cases that Senator GRASSLEY and I have done, Senator CORNYN, Senator BLUMENTHAL, others in Judiciary are leaving those to take on the sham petitions, take on the product hopping, and take on all the bad stuff that keeps competitors off the market.

But in the end, this should be a celebration. This has finally begun, and they are not going to end the celebration for 50 million seniors with all their lawyers, no matter how many they hire, and no matter how many they bring to the courthouse.

With that, I yield to my wonderful colleagues.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, Senator KLOBUCHAR has said it very well, and I want to pick up on her remarks. And we are here to reflect on the extraordinary achievement in the Inflation Reduction Act in order to provide for the first time a real measure of relief—a real measure of relief—for these staggering costs seniors and others pay for medicine in our country. And I am going to talk about the negotiation issue.

And I want to say, this is just the next and essential piece of what we are doing to get relief for the consumer. For example, through most of the summer, I talked about the price-gouging penalty that we got in the law.

And I see my friend Senator STABENOW, my colleague who has been my seatmate on the Finance Committee—we sure wish she wasn't retiring—but the price-gouging penalty is the first such thing in Federal law. This is a penalty that it has imposed, as Senator STABENOW remembers, when drug companies hiked their prices over inflation. They have to pay a rebate to Medicare, which is used to lower the out-of-pocket costs for seniors. And Senator STABENOW and I have been out crunching the numbers on this issue. And one of the areas that we found is that these drugs, particularly those that are administered in a doctor's office, already are producing massive savings.

Senator STABENOW, we found a drug a couple of weeks ago where seniors are saving several hundred dollars per dose—per dose—I would say to my colleagues—on one of these cancer drugs you get in the office. And this is just the beginning, as Senator KLOBUCHAR has said.

So this legislation, which didn't, unfortunately, get a single Republican vote, represents a seismic shift in the relationship between consumers and Big Pharma and especially authority for Medicare to negotiate prices of prescription drugs with manufacturers.

And I just want to take a few minutes to pick up on this issue of the barrage of legal actions Big Pharma and their allies are taking to stop Medicare drug price negotiation. And we have been talking about all these lawsuits that the big companies—and I gather the Chamber of Commerce is with them all the way—have filed to prevent seniors and families from getting a break on medicine.

So these legal actions that the big companies and the Chamber of Commerce are taking beg the question that I just want to offer up this afternoon: What would happen in America if our country didn't negotiate in our economy?

The fact is, negotiating on price is the underpinning of the American marketplace. It ensures you bring two sides together to get a fair deal. And the question really has to become: Are these companies that have filed these suits really arguing that the government shouldn't try to get a fair price

on medicine for more than 50 million American seniors?

Senator STABENOW, that is the essential question—are they really arguing to the American people—and by the way, this is taxpayer money, much of this is taxpayer money—are they really arguing that seniors and taxpayers shouldn't get a fair deal?

Now, the fact is that Medicare, in particular, with such strong taxpayer backing has a special argument for being a program that negotiates to get fair prices on because Medicare is not just a slip of paper, as we have examined in the Finance Committee often.

I see Senator WHITEHOUSE, our distinguished colleague.

Medicare is not just a slip of paper with a few words on it. Medicare is a guarantee; it is a guarantee for seniors of good quality coverage. And it just begs the question: If you have a guarantee and a guarantee of something specific—good quality coverage—wouldn't you automatically say that the taxpayer should be able to have a friend and advocate negotiating for them in order to get the best possible deal? And I think the answer to that question is pretty obvious.

Now, Big Pharma has, unfortunately, taken a very different position. They have been guarding the prohibition on price negotiation in this country like the Holy Grail. And they don't like that we have closed this chapter. And the first 10 drugs were not drawn out of a hat. Congress made it clear in black letter law the criteria of the Federal Government has to use.

And so what we are doing now, Senator STABENOW—we have been talking to many of the members of the Finance Committee—is we are looking at the fact that these 10 drugs also were ones where we made sure and put in the criteria specifically where you had significant taxpayer support in terms of getting the drug to market. So again, another argument for why you ought to negotiate, the costliest drugs and drugs that get to market with taxpayer money.

Now, Senator KLOBUCHAR, I thought, very eloquently described a number of the drugs, but I think—and I want to give my colleagues a chance to make their remarks—I think we ought to reflect on the importance of making sure that, when Big Pharma has been double-dipping into taxpayers' wallets for these important medications—groundbreaking research from the National Institutes of Health are another research arm of the Federal Government. Then, after the research was funded by taxpayers, manufacturers sell the drugs developed using taxpayer-funded research back to taxpayers at sky-high prices, are they really not going to have a chance to get a better deal?

Enbrel, which is the drug we mention often on the floor, was discovered at Massachusetts General Hospital using NIH-supported research. The hospital sold the patent rights to the drug manufacturer that has profited off Enbrel

at the expense, Senator STABENOW, of taxpayers for now going on 30 years.

My colleagues are going to have a chance to go into further detail about this, but I think when you are talking about Big Pharma and a new law that considers among a host of other factors prior to Federal financial support, provided by the taxpayers that we have the honor to represent, it means that the government should stand up for seniors and taxpayers to make sure that they get a good deal.

An investment in basic science funded by American taxpayers is based on our record in the Finance Committee, often the foundation of the new drug—and when drug manufacturers use this taxpayer-funded research to make a drug, the price of the drug should be lower to reflect taxpayer investment, and you get the best possible deal for those taxpayers when you negotiate.

And I will just close by saying, I think my colleagues know from talking to people at home, most people when you discuss this issue think it is absurd that for all these years, nobody could negotiate for them. What they are surprised about is not so much that a law passed, even though Senator KLOBUCHAR talked about beating all these lobbyists, what they are surprised about is how people with a straight face have made the case for years that, with all of the taxpayers' support for medicine that I just outlined, that you wouldn't have started negotiating for taxpayers and seniors a long time ago.

I really appreciate Senator KLOBUCHAR doing this. I see the Chair, who has been our champion in the other body for many years, my seatmate, Senator KLOBUCHAR—we have an exciting new Member from the west who has also joined us. This is an important chance to really think through where we are headed. And Senator STABENOW knows we have got a lot more to do. We are taking on the PBMs, the middle men, who are also a factor in driving up prices.

But tonight is a chance because Senator KLOBUCHAR has taken this time for us to outline what the negotiation issue is all about. I have tried to go through some of the history about how you were stunned to hear over the years that you couldn't negotiate. That has been changed.

My colleagues are going to continue this discussion, and you are going hear a lot more about it because, for all of those people, all of those people that I knew, starting with the Gray Panthers who were standing in those pharmacy lines, getting mugged at the pharmacy counter trying to figure out how they were going to choose between their food and their rent, they are going have new hope because prices are going to be negotiated. There is going to be hope for them, and there is going to be hope for American taxpayers. And it is long overdue.

I yield to my colleagues.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. HICKENLOOPER. Mr. President, when I first arrived in this building a couple of years ago, Senator KLOBUCHAR—one of the first things she brought up was the cost of pharmaceuticals, drug prescriptions for the American people.

Well, this is the beginning of the end for Americans getting the short end of the stick from pharmaceutical companies peddling prescription drugs. For years, we all have been paying much more than those in other countries pay for the same drugs. But now, Medicare has taken the first step towards ending that stranglehold on lifesaving drugs.

Let's be clear: This is not some unfair assault on global drug companies. Rather, this is a transition that is going to give Americans the same opportunity to afford lifesaving drugs as others in other countries are given.

According to Kaiser Family Foundation, the U.S. spends far more than any other industrialized country for prescription drugs, from getting charged \$150 more for Xarelto—which reduces the risk of coronary artery disease—to getting ripped off by paying \$1,600 for Enbrel, an arthritis drug.

Eliquis, a very common blood thinner—and one that I have occasion to use myself—prevents blood clots but costs an extra \$514 out of pocket for Medicare enrollees in Colorado. In Germany, it is only \$96. It is five times more in the United States.

Why should we pay more than Germans and Canadians and the Swiss? What possible rules of common sense should permit drug companies the right to charge us many times more than what the rest of the world pays for the same drugs?

Part of the answer is that, up until now, we have let them. Medicare—the largest buyer of prescription drugs in the United States—has never been allowed to negotiate the price of drugs with pharmaceutical companies.

As Senator WYDEN was making painfully clear, the losses to the American people have been substantial. Until now, Medicare has had to accept whatever price Big Pharma dictated, even when Medicare knew we were subsidizing the rest of the world.

Well, that changes today. Thanks to the Inflation Reduction Act we passed last year, Medicare finally has the ability to negotiate with Big Pharma and get us a fair price for these drugs. Medicare will take the 10 most expensive drugs each year and negotiate their prices down.

But the impact goes far beyond the impact just on seniors or just for those 10 drugs. First, every year—every year—Medicare will negotiate down 10 more drugs, so the costs will keep coming down each year. In future years, Medicare will be able to negotiate even more drugs.

Second, because Medicare is the largest buyer in the American market, there is a darn good chance that other big buyers, like private insurance companies, are going to negotiate to bring

the price they pay down to what Medicare will pay. A falling tide lowers all prices.

So what exactly does that mean now? Medicare has announced the first drugs it will negotiate. They include the two I mentioned, Xarelto and Enbrel, along with eight others. Four of the drugs treat diabetes. The others treat or prevent blood clots, heart failure, kidney disease, blood cancers, and arthritis.

In 2022, Medicare enrollees taking these 10 drugs paid \$3.4 billion in out-of-pocket costs. That is what they paid out of their own savings. The average per-enrollee cost was a staggering \$5,247 for the most expensive drug on the list, Imbruvica, which treats blood cancer.

It is a big deal in every State. It is a big deal in my home State of Colorado. Over 100,000 Medicare enrollees in Colorado take these 10 drugs, and 43,000, including me, take Eliquis—this is a blood thinner to help prevent blood clots—with an average out-of-pocket cost of over \$500. Twenty-one thousand take Xarelto and pay \$447, on average, out-of-pocket costs.

The bottom line: Seniors on Medicare are getting ripped off, and going forward, they are going to spend less. They are finally going to spend less on the prescription drugs they need, in many cases, just to stay alive. If all goes according to plan, the rest of us will also pay less once insurance companies follow Medicare's lead.

This isn't a fix to all the problems in the healthcare system in this country, but it is a pretty big step, and it is a reminder that we are not helpless to fix the other problems we face that are still out there. All it takes is the will to come together and get things done. Hopefully, this is just the beginning.

I yield the floor.

The ACTING PRESIDENT pro tempore. The majority leader.

Mr. SCHUMER. I will be very brief. I wanted to come to the floor to thank all of my colleagues for coming to the floor and talking about this issue. Our Democratic caucus has been persistent champions in the fight to lower drug costs for Americans.

I want to thank Senator KLOBUCHAR, who has been such a leader on this issue, for calling us together tonight.

It was said year after year, decade after decade: They are never going to take on the big drug companies. They are never going to get those high costs—in some cases, outrageously high costs—down.

But last summer, we did, and we won. Now millions of Americans are seeing their drug costs go down as the Inflation Reduction Act goes into effect. The 10 prescription drugs which my colleagues have talked about are not drugs used by a rare few but are used by millions that affect so many different illnesses, and they will treat things like diabetes and heart failure and cancer and kidney disease and blood clots and more.

The pain you feel when you talk to a parent who says: My child has been diagnosed with cancer, but it costs \$1,000

a month for the drug, and I can't afford it. What am I going to do?

What pain. Well, that pain is going to be greatly reduced in hundreds of thousands of cases now that we have done this.

We are not stopping. We are going to keep going. It is a huge deal. We are capping the price of insulin at \$35. We did it for seniors on Medicare, and now we are going to fight to get it for everybody else. The Presiding Officer is helping to lead that charge. The cost of all drugs, which once was unlimited, will start at \$3,000 a year in January and go to \$2,000 in 2025.

The No. 1 thing our constituents are asking about is high costs. The No. 1 thing that bugs them about the government is that no one seems to get a handle on those high costs. Well, this is a shining example where we are reducing their costs by taking on the special interests. We are not stopping here.

I yield the floor and thank my colleagues for being here.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, I really feel like this is a celebration because we have been talking about how Americans have been taken advantage of for years—forever—in terms of high prices. We have been paying the highest prices in the world forever and oftentimes three and four times more than people in other countries.

I know I receive messages from families every day who are struggling to pay for their prescription medications. The truth is, we understood this. We finally had the opportunity where we had President Biden and a Democratic majority in the House and the Senate. We took on Big Pharma, and we won. So this is really a celebration.

We are not done. We have more to do. We are just getting started, but this is a big deal. It is a big deal.

One out of four Americans can't afford their medicine right now—one out of four. That is shameful in the United States of America. Back in 1998, when I was a Member of the U.S. House of Representatives, I took busloads of seniors from Detroit, one side of the Ambassador Bridge to the other side. A few minutes across the bridge was Windsor, Canada. We crossed the bridge and cut prescription drug prices by 40 percent by crossing a bridge.

It has made no sense to me. The reason I have been championing this for so long and so appreciate the leadership of Senator KLOBUCHAR and so many of us who have worked together is that this just simply makes no sense, and it has cost lives and people's livelihoods, trying to pay for their medicine. You shouldn't have to skip doses or split pills in half or choose between paying your electric bill or taking your medicine.

So the good news is, despite the fact that if you just look at the U.S. Senate—just in the Senate, there are 15 lobbyists for every Senator, and they work every day to try to stop us from

lowering prices. But despite that, we took on Big Pharma, and we won.

I want to thank the Presiding Officer for your leadership on the first thing we were able to do that is so tangible.

In Michigan, we have nearly 67,000 Michiganders on Medicare who now benefit from a cap on insulin of \$35 a month—not the \$600 or \$700 that the average person was paying; \$35 a month. That is saving lives.

By the way, insulin is something that was discovered and developed 100 years ago—100 years ago. It costs \$10 to make, and we had to go through a major fight to cap it at \$35. But our Presiding Officer, the Senator from Georgia, led that, and I want to thank you for doing that.

We have nearly 673,000 Michiganders who are going to save an average of \$356 thanks to the \$2,000 total cap we are going to put on. Right now, folks are, on average, paying \$14,000, \$15,000 a year and oftentimes thousands of dollars more than that. We are capping that. This next year, it is capped at \$3,200; next year, \$2,000, and that is it—\$2,000-a-year out-of-pocket costs for seniors. It is extraordinary. It will save lives.

So this is a time, I think, of celebration.

We have nearly 1.8 million Michigan seniors who are now going to be able to get free shingles vaccines and other critical vaccines that before they maybe just didn't do because, on average, it was \$300 or \$400 to do, and now they can protect themselves with vaccines. That is a big deal.

Senator WYDEN was talking about his provision, which is so very important, which is to say that if a drug company, under Medicare Part D—which are the drugs you get in the hospital or in the doctor's office—that if they go up faster than the rate of inflation—the Biden administration now has the authority to check every 3 months—if it goes up faster than inflation, they will roll the price back. As of July 1, it was an average of over \$470 per dose on a cancer drug. So this is a big deal. It is a big deal that we are talking about right now.

The biggest of all: Medicare is beginning to negotiate prices just like the VA, which gets a 40-percent discount, by the way. That is the ultimate.

When I first came to the Senate after taking those bus trips across the border, I really took on this whole question about prescription drugs and really leaned in in so many ways. I was excited we were going to do Medicare Part D that passed under the Bush administration until I saw the fine print where it prohibited Medicare from negotiating prices. That was the fine print. It sounded great, but the drug companies were able to insert the language that says: You can't negotiate. We get to charge whatever we want.

That is what has happened since then.

So here we are. The first 10 drugs that will be negotiated through Medi-

care were announced just a week or so ago, and we are talking about those drugs that will deal with blood clots and heart failure, diabetes, psoriasis, blood cancers, arthritis, and so many more things. These are the top drugs in terms of usage and price—the first 10. Then there will be more, and there will be more, and there will be more until we get the full negotiation.

We know that negotiating on just these 10 drugs will help more than 9 million people—9 million people—lower their costs—just those first 10. This is a big deal. We know we have more to do to lower costs, more to do together to address healthcare costs and other costs that people pay.

But I think it is pretty safe to say that the prescription drug companies are the biggest lobby here. We finally had the votes. We had the President who was willing to do it, President Biden. We had the majority in the House and the Senate to do what we knew needed to be done regardless of how much clout they have, and so that is what we did.

You know, I get letters like all of you do and talk to people all the time, but Diane of Bloomfield Hills, who is retired and on Medicare, shared with me that she is a diabetic, and she takes two types of insulin, or four injections per day—four injections per day. She told me that she used to pay a copay of \$650—\$650 or more—for a 3-month supply for just one of her prescriptions. She takes four injections a day—for just one of her prescriptions. But not anymore. Back in January, Diane went to the pharmacy like usual, and the pharmacist told her that her 3-month supply would be \$105; not \$650—\$105. She said: "I paid and walked away with a big smile on my face."

The Presiding Officer led that effort to put a smile on her face and, I am sure, create a little more capacity for her to take care of herself and to be able to have a good life.

People like Diane should not have to go without the medicine they need. They shouldn't be forced to skip doses or take less than was prescribed to save money. They shouldn't have to choose between their medicine and putting food on the table or paying the bills. That is what this is about.

So it is a celebration, and I am so proud that we joined with President Biden to take the first step to make sure that people are going to be able to afford the medicine they need.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I am very happy to be here and resolve a—I guess, celebrate the resolution of a longstanding wrong done to the American people. Senator STABENOW can correct me if I am wrong, but my recollection is that the ban that Congress put on Medicare negotiating with the pharmaceutical companies the way, say, the Veterans' Administration already does was a magical appearance of

a tiny little bit of language, not in the Senate, not in the House, but in the secret confines of the conference committee that merged the two bills.

It just slipped in as a sentence. Nobody took credit for it. I still can't identify who slipped that thing in there; but once it got slipped in, the pharmaceutical industry defended it with all the venom and power and money and muscle that they had. And we beat them. We took it away.

Now, just like the Veterans' Administration, Medicare gets to negotiate and drive prices down, and that is going to make a big difference for Rhode Islanders with diabetes, with cancer, with blood clots, with heart disease, with rheumatoid arthritis. This happened because all of us—Senate Democrats—got together, stuck to our guns, and made it happen through the Inflation Reduction Act which came out of the Budget Committee, originally—the authorization. We are lowering the prices of these 10 very expensive drugs; and even though the pharmaceutical industry is going to try to wrastle around in court, it is pretty hard to say that Medicare doesn't have the same authority that its sister Agency, the Veterans' Administration, has to negotiate for pharmaceuticals.

It shows how much they will try to try to get that little slippery sentence that got slipped into that bill back to defend their price gouging.

Vaccines are now free with Medicare. Insulin is capped at \$35 a month. Drug companies are penalized if they jack up their prices higher than the rate of inflation. A \$3,250 cap on out-of-pocket spending for seniors is just about to go into effect, and the next year it drops to a \$2,000 limit. I think that will cover 11,000 Rhode Islanders who now pay higher out-of-pocket costs than those.

These changes will save tens of thousands of Medicare Part D enrollees in Rhode Island over \$23 million. That is a big number in our small State. I would like to think that the Inflation Reduction Act was bipartisan. It would be great if this had passed with bipartisan support. It didn't. Not a single Republican vote came. I regret that, but we are going to continue. There is more progress to be made. We have shown that it can be done.

And while we are at it, we need to strengthen Medicare—both Social Security and Medicare, and we have a bill that has had its hearing in the Budget Committee to strengthen Social Security and Medicare by making people who are making over \$400,000 a year and the superrich—who hide their income through all sorts of tricks so it doesn't show up as regular income—pay a fair share, support these essential programs.

So we can celebrate a win today, and we can go forward with confidence to future wins.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Vermont.

Mr. WELCH. Mr. President, I join my colleagues in celebrating a major and long overdue achievement allowing the American people to have the benefit of a government that will stand up to negotiate prices and try its best to make the prescription medications that they need for themselves and the people they love to be affordable.

You know, what is a greater responsibility that a government has to its citizens to help create a healthcare system that is accessible and is affordable? Why is it that in this country, the citizens that we all represent are getting hammered on the cost of medications that if they just go across the border to Canada, they can get at one-tenth, one-fifth of the price?

Why is it? It is because until this day, we have been the only government that has not been willing to use price negotiation to protect consumers from price gouging by Big Pharma, and it is really brutal. I mean, every one of us—I talk to Vermonters, Senator STABENOW was talking about Michiganders, Senator WHITEHOUSE was talking about constituents in Rhode Island—by the way, some of whom are Republicans, some of whom are Democrats, some of whom are Independents, many of whom don't even bother to pay much attention to the political process. But when they have to get access to that medication that is really essential to their well-being, they can't afford it.

We are paying, they are paying—all our citizens—in many cases, 2½ times, on average, what folks across the border in Canada or in Europe are paying for the same medication. And, you know, it is terrific when Big Pharma, through their research, comes up with medications that can extend our life. But if they charge so much that we can't afford it, what does that do?

And time after time, we have seen folks make these horrible decisions about cutting back on their medication at the threat to their own life and safety because they literally can't afford it.

Now, the pharmaceutical industry, let's give them credit: They have created lifesaving drugs. That is a tremendous thing. But they can't use the fact that they are doing something good to jack up prices to make it unaffordable just for self-enrichment.

You know, we, as a government, have done an enormous amount to help pharma with the innovation side, and they are suggesting that this legislation is going to interfere with that capacity. Is it true? No. Think about what we have done—we, the government, taxpayers. No. 1, the intellectual property is protected; so for that period of time, oftentimes well over a decade, they can charge whatever they want to charge and they have the exclusive right to have that drug on the market. And they charge a lot.

No. 2, we have created an employer-sponsored healthcare system where we have employers in all of our States where it is really important to that

employer to provide good-quality healthcare to its employees, and they have to pay whatever the premiums are that are, oftentimes, inflated as a result of us having the highest prescription drug prices in the world.

Third, we have a Medicare/Medicaid program, which is a guaranteed purchasing pool to buy the products that they create. So pharma has protection on its profits with an exclusive period; it has a government that stands behind the right of citizens to have access to healthcare through Medicare particularly, Medicaid, and also employer-sponsored healthcare.

And then what you see is the pharmaceutical industry going beyond the patent rights that it has for that market exclusivity and do the things that Senator KLOBUCHAR was talking about where they try to extend the life of the patent well beyond what that limited period was supposed to be.

And then, by the way, Wall Street gets in the game here, because what many of the companies have claimed is research is a corporate buyout. Company A buys company B that has a patent, a popular and necessary drug. They pay billions for it; and then to pay for the purchase price, they inflate the cost of that prescription drug. And they can do it; they get away with it.

So, you know, Senator HICKENLOOPER asked the question: Why is the outrage not about that we let it go on for so long?

So pharma is going to do fine and keep doing what they are going to be doing. They are going to have the patent exclusivity; they are going to have a government and a Senate with Republicans and Democrats maintaining the Medicare program so that folks who are going to need prescription drugs are going to be able to get them. They are going to do fine.

But, finally, we have price negotiation so that, in effect, if you or I are going to the pharmacy to buy aspirin and we buy a hundred because the per-unit cost is a lot less, we get to pay wholesale—we get to decide about bargaining by what we purchase, a big amount or a little amount. Medicare should be able to do the same thing.

So this is so overdue and so beneficial to everybody that we all represent, regardless of, politically, whose side they are on. This is about a shared need that our society has for access to prescription medication. And, of course, to the Presiding Officer, we all appreciate the focus that you put on insulin. I mean, if there isn't a more shocking example of a rip-off. This drug has been around for decades; there is no new innovation. But what there is, is pricing power. So those companies that had the ability to set the price, to raise the price, and to do it again kept going up and up and up, even though there were not any additional intellectual breakthroughs with the actual core of what insulin is.

You know, we in this country know that working Americans are struggling

to pay their bills. Things are expensive, and it is not just inflation. Things are expensive in many cases because there is real corporate power, and they can set the price they want. Nowhere do they do that with more abusive consistency than in pharmaceutical prescriptions. And we can decide, as a Senate, that we are going to find ways to make things affordable by stopping the rip-off.

Having the capacity for Medicare to negotiate prices is a major breakthrough. It is no small thing. It is the beginning; it is not the end of our efforts. And I thank all of my colleagues for working together to help all of our constituents, regardless of who they voted for, because the thing they all have in common is they want to protect, especially, the people that they love.

And in the arguments from pharma, what I find so alarming is that what they prey upon is the love that people in America have for their families because, if you are a mom or you are a dad and you have got a son or a daughter who needs a prescription drug and you can't afford it, you will take out a second mortgage or you will sell the house or you will get rid of your retirement account. You will do whatever it takes to save the person you care about. And pharma, with their pushback, saying this is going to threaten innovation is preying on those fears that all of us have about what will happen if we don't do everything we can to help the person that we love.

And you know what, it is not about that for pharma. They are doing pretty well. Those salaries are astonishing. Those corporate buybacks are very rich. So I am proud to be with my colleagues here to stand up for the right that our citizens have—affordably, confidently, securely—to be able to have, when they need it, access to the prescription medication that is going to extend their life and save their loved ones.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Nevada.

Ms. CORTEZ MASTO. Mr. President, there are over 578,000 Nevadans across my State enrolled in Medicare, and their hard-earned Medicare benefits provide coverage for their healthcare expenses.

The problem is, when I travel around my State and I speak to Senators, the No. 1 thing that I hear about is how difficult it is to afford the prescription drugs that they need. Let me give you an example.

Sue Bird and her husband Tom, they live in rural Nevada in Fernley, NV. Tom has diabetes; and even though they are both on Medicare, covering all their healthcare expenses costs them nearly \$1,000 a month. That can be a crushing amount for two retirees on a fixed income.

The stress of Tom's diabetes alone affects his blood sugar, but add in the

worry over the price of their medication, their dental and vision and other healthcare costs, and it becomes almost too much to handle for them.

So why are Tom and Sue's medications so expensive? I will tell you why, and you have heard it from my colleagues over and over this afternoon: Because, year after year, Big Pharma has decided that they need to jack up prescription drug prices. All the while, their executives are raking in millions of dollars in profits.

These pharmaceutical companies are driving higher prices. They are forcing millions of older Americans to pay more in premiums and out-of-pocket costs.

Our seniors made this country what it is today. Tom is a fourth-generation Nevadan. We really have a duty to ensure quality affordable healthcare for people like Tom and Sue and seniors across the country when they retire.

That is exactly what Democrats did when we passed the Inflation Reduction Act. We capped the cost of insulin at \$35 a month for people with Medicare. We made vaccines free to seniors, and we are holding drug companies accountable for raising the prices faster than the rate of inflation.

Now you are hearing, in a major victory that has been decades in the making, that we finally gave Medicare the green light to negotiate lower prescription drug prices directly with Big Pharma. This is going to make a huge difference for Nevadans and for Americans across the country.

The Biden administration just selected the first 10 drugs for price negotiations under Medicare Part D. These are widely used medications. About 10 million people with Medicare take one or more of these drugs each year to treat serious conditions like diabetes, heart failure, blood clots, and cancer, and they are extremely expensive. Medicare enrollees taking any of these 10 medications paid a total of \$3.4 billion out of pocket in 2022.

For his diabetes, Tom Bird takes Jardiance, one of 10 drugs on the list. This month, he paid about \$466 for it.

Now, these 10 drugs cost Medicare over \$50 billion last year alone. That is outrageous. Think about where that money is going. Think about where it is going. How much money is enough for these Big Pharma companies?

But do you know what? The fact that Democrats fought to ensure that Medicare can negotiate directly with drug companies is going to change all that. It will give seniors a fair deal. It will lower healthcare costs, and it will also cut back on Federal spending by \$25 billion. That is \$25 billion that we are saving taxpayers across the country.

And this is just the beginning. Each year, more medications will be added to the negotiation list, allowing Medicare to keep bringing down prescription drug costs and saving more taxpayer dollars.

And I will tell you what, our seniors across this country, like Tom and Sue,

who helped build our country and make it what it is today, will be able to breathe a sigh of relief. This is all thanks to the Inflation Reduction Act, which continues to benefit Nevadans and Americans across the country.

I am proud of the work that we all did when we passed this legislation. I am proud of the Biden-Harris administration for not only supporting the passage of it and working to get this done but also the implementation.

I can tell you that I know my colleagues and I are going to make sure and keep working to ensure that seniors across this country, whether they are in Nevada or across this country, see lower healthcare costs, because every senior should be able to retire with dignity. They have worked for it. They have worked hard to make that happen, and we should at least make sure that we are lowering those costs to help them.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wisconsin.

Ms. BALDWIN. I rise today to stand alongside the over 80 percent of Americans who support Medicare being able to negotiate the price of prescription drugs, because despite being the wealthiest Nation in the world, too many Americans are struggling to afford the medications that they need to survive. More than 5 million Medicare beneficiaries are struggling to afford their medications.

I have heard devastating stories from Wisconsin seniors who have been put in impossible situations and forced to ration or forego their medications, all while the drug companies turn record profits.

No American, and especially our seniors who are on fixed incomes, should have to choose between putting food on the table or accessing the prescription drugs that they need to stay healthy. That is why I was so proud to support the Inflation Reduction Act to finally provide some relief for Wisconsin families and hold the big drug companies accountable for prioritizing profits over people.

And now, we are seeing the results. We capped the cost of insulin out-of-pocket at \$35 a month for seniors, we lowered healthcare premiums for millions of Americans, and we penalized drug companies for raising their costs faster than inflation.

Last month, we reached a new milestone that has been a long time coming. Medicare announced the first 10 drugs that they will negotiate with drug companies. These are lifesaving medications that millions of Americans take to stay healthy, treating everything from diabetes to heart disease, to blood cancers. By lowering the costs of these drugs, fewer seniors will have to choose between buying groceries and taking their medication, and fewer families will lie awake at night worrying about how they are going to afford the cost of their loved one's medication.

Most importantly, Medicare finally stepping up and taking on the big drug companies means that fewer Americans will be priced out of the care that they need to live healthy lives. We have more work to do, but the Inflation Reduction Act was a historic step in the right direction.

Every American deserves access to affordable and comprehensive healthcare, and I am committed to finishing what we started last year with the passage of the Inflation Reduction Act.

I yield the floor. The ACTING PRESIDENT pro tempore. The Senator from Rhode Island.

BUDGETARY REVISIONS

Mr. WHITEHOUSE. Mr. President, the Fiscal Responsibility Act of 2023—the FRA, by its initials—which Congress passed 3 months ago, represented a bipartisan agreement. It resolved a manufactured default crisis. It avoided an economic catastrophe that was threatened, and it set funding levels for the upcoming year. Pursuant to section 121 of that Act, I previously filed, on June 21, budgetary aggregates and committee allocations for fiscal year 2024. Today, I am adjusting those levels to account for Senate amendment No. 1092 to H.R. 4366, the proposed package making appropriations for the fiscal year ending September 30, 2024.

This first package includes the fiscal year 2024 Military Construction, Veterans Affairs, and Related Agencies;

Transportation, Housing and Urban Development, and Related Agencies; and Agriculture, Rural Development, Food and Drug Administration, and Related Agencies appropriations bills.

Section 251 of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended by the FRA, establishes statutory limits on discretionary funding levels for fiscal years 2024 and 2025, and allows for adjustments to those limits. Sections 302 and 314(a) of the Congressional Budget Act allow the chairman of the Budget Committee to revise the allocations, aggregates, and levels consistent with those adjustments. Senate amendment No. 1092 is eligible for an adjustment. Division C, the Transportation, Housing and Urban Development, and Related Agencies Appropriations Act of 2024, includes \$10.8 billion of budget authority and \$8.3 billion of outlays that are designated as emergency funding. The emergency funding in this division is consistent with the bipartisan agreement tied to the enactment of the FRA.

In addition, the Senate Appropriations Committee has reported eight other bills that include funding eligible for an adjustment. I am also making those adjustments in today's filing.

In total, I am revising the allocation to the Appropriations Committee by \$62.2 billion of budget authority and \$23.8 billion of outlays. Excluding off-budget amounts, I am revising the

budgetary aggregates by \$61.9 billion of budget authority and \$23.5 billion of outlays.

Mr. President, I ask unanimous consent that these accompanying tables, which provide details about the adjustment filing, be printed in the RECORD at the conclusion of these remarks.

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

REVISIONS TO BUDGET AGGREGATES—BUDGET AUTHORITY AND OUTLAYS

(Pursuant to Section 121 of the Fiscal Responsibility Act of 2023 and Section 311 of the Congressional Budget Act of 1974) (\$ in billion)

Table with 2 columns: Category and 2024. Rows include Current Spending Aggregates, Adjustment, and Revised Aggregates, with sub-rows for Budget Authority and Outlays.

REVISIONS TO THE ALLOCATION TO THE COMMITTEE ON APPROPRIATIONS FOR FISCAL YEAR 2024

(Pursuant to Section 121 of the Fiscal Responsibility Act of 2023 and Section 302 of the Congressional Budget Act of 1974) (\$ in billions)

Table with 4 columns: Category, Current Allocation, Adjustments, Revised Allocation. Rows include Revised Security Budget Authority, Revised Nonsecurity Budget Authority, and General Purpose Outlays.

DETAIL OF ADJUSTMENTS TO THE ALLOCATION TO THE COMMITTEE ON APPROPRIATIONS FOR FISCAL YEAR 2024

(Pursuant to Sections 302 and 314 of the Congressional Budget Act of 1974) (\$ in billions)

Large table with 6 columns: Detail of Adjustments Made Above, Emergency, Disaster Relief, Program Integrity, Wildfire Suppression, Total. Rows list various departments like Commerce-Justice-Science, Defense, Energy and Water, etc.

Note: Emergency-designated funding in the Defense bill adjusts the revised security allocation; other emergency-designated funding adjusts the nonsecurity allocation. Of the program integrity amounts, \$344 million of budget authority and \$289 million of outlays are from the Disability Insurance Trust Fund and are off-budget. The off-budget amounts are not included in the adjustment to the budget aggregates.

Mr. WHITEHOUSE. I yield the floor.

MORNING BUSINESS

DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING ITEMS UNDER RULE XLIV OF THE STANDING RULES OF THE SENATE

Mrs. MURRAY. Mr. President, I certify that the information required by

rule XLIV of the Standing Rules of the Senate related to congressionally directed spending items has been identified in the committee reports which are incorporated by reference in Senate amendment 1092 to H.R. 4366 and that the required information has been