

Mrs. MURRAY. Mr. President, I am going to ask unanimous consent, but before I do, I just want to respond to the Senator and say we have a proposal that covers Israel, humanitarian aid, Ukraine, and the border. We are working to get that done, and I welcome the input from our Republican colleagues so that we can be a strong United States of America and address the issues we all need to address.

NOMINATION OF MONICA M. BERTAGNOLLI

Mr. CARDIN. Mr. President, I rise today to express my support for Dr. Monica M. Bertagnolli, whom President Biden nominated to serve as the next Director of the National Institutes of Health—NIH. As current director of the National Cancer Institute—NCI—and a distinguished professor and surgeon, Dr. Bertagnolli certainly possesses the experience that will make her an effective leader for our Nation's preeminent research center.

The NIH serves as the pinnacle of biomedical and behavioral research in the United States and provides valuable insights that are used around the world for saving lives and improving people's health. Whether we know it or not, the NIH and the research done there has touched all of our lives by giving our healthcare professionals the resources they need for success. We in Maryland are proud to have the NIH headquartered in Bethesda, with so many in our State contributing to its important mission.

Thanks to Dr. Bertagnolli's decades of experience as a physician-scientist, she has obtained a well-rounded view of medical research that I am confident will properly inform her decisions as NIH Director. Her work to better understand the development and treatment of various types of cancer highlights the diligence and effectiveness that qualify Dr. Bertagnolli for this position.

As NCI Director, Dr. Bertagnolli has demonstrated her leadership capabilities alongside her efficacy as a researcher, working with the Biden Administration to reignite the Cancer Moonshot, which aims to reduce cancer mortality by 50 percent over the next 25 years. This ambitious goal reflects the determination of our cancer research professionals and President Biden's continued commitment to investing in programs, consortia, and research projects that aim to end cancer as we know it. The NCI, along with spearheading the Cancer Moonshot initiative, has also partnered with the Biden Administration to address disparities in cancer outcomes for Americans living in low-income areas, working to implement community-based programs in locations facing persistent poverty.

Just a few weeks into her tenure as director of NCI, Dr. Bertagnolli's work became much more personal as she was diagnosed with early-stage breast cancer following a routine mammogram. She was forced to balance her new role as our Nation's leading cancer re-

searcher with her own personal battle with the disease. I cannot commend Dr. Bertagnolli enough for the strength she has shown to continue her service to Americans in the face of such a daunting challenge.

If the Senate confirms Dr. Bertagnolli today, I would encourage her to take aim at some of the most pressing healthcare issues facing our country. As things stand, significant health disparities exist in the United States, with many Americans not receiving equitable access to care. Dr. Bertagnolli's confirmation provides her with the chance to utilize the NIH's National Institute for Minority Health and Health Disparities to work towards solutions for underserved populations that aren't receiving the care they need. Her new role would also empower her to build a stronger, more diverse healthcare workforce, one that would be well-equipped to face the challenges of today.

As a Marylander, I would be proud to welcome Dr. Bertagnolli to our State. She will be tasked with addressing many crucial and complex issues as Director of the NIH, but I am confident that she is up to the challenge.

I ask the Senate colleagues to join me in recognizing Dr. Bertagnolli for the outstanding work she has done as a researcher and surgeon, to support her confirmation, and to wish her well in her new role should she be confirmed.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak for up to 2 minutes prior to the vote, followed by Senator SANDERS, who will speak for up to 10 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. MURRAY. Mr. President, I have always strongly advocated for the NIH because I know the work that they do—as so many world-class institutions, including several in Washington State—isn't just cutting edge; it is lifesaving. This Agency, the NIH, holds the hope and future of patients across the country in its hands. So it is of the utmost importance to me to make sure we have an experienced leader at the helm of NIH, and Dr. Bertagnolli is an excellent choice to lead the Agency at this critical moment. You need a steady hand to be a cancer surgeon after all.

Her credentials go far beyond her record of accomplishment as an oncologist. She is a respected researcher and a proven leader. She has served on the board of directors of the American Society of Clinical Oncology, the American Cancer Society, and the Prevent Cancer Foundation. She was the CEO of Alliance Foundation Trials, LLC, a not-for-profit focused on making sure rural communities are included in clinical studies. Of course, now she is the head of the National Cancer Institute, where she has led the research strategy and goals for President Biden's Cancer Moonshot Initiative.

In addition to that which she brings to this role, she also brings a strong

personal connection, which she spoke about at our HELP Committee hearing. She brings the personal experience of growing up in a rural community, where she watched her uncle travel across the State to provide care to patients and where she watched her father fight cancer while care was far from home. And she brings the most recent personal experience of receiving a cancer diagnosis and then of receiving care that was made possible by NIH research.

It is clear that those experiences will inform how she approaches her new role at the NIH, and I know patients will be better for it.

I also want to take a moment to recognize that, in the field of biomedical research, where women have long been severely underrepresented both in clinical trials and in the workforce, it will be truly meaningful to have such an accomplished woman serving in a role that has real power to tackle issues like improving diversity in clinical trials, fighting sexual harassment that has pushed too many women out of the field, and tearing down other barriers to achievement and equal representation for women in medical research.

Dr. Bertagnolli is the right person to ensure the NIH stays on the cutting edge of innovation and research and fulfills its critical mission to promote health, improve equity, keep our Nation competitive, and give patients across the world real hope for the future. She has the experience in medicine, research, and management needed for this role. Most importantly, she has a deep understanding of what the NIH's work means for families in this country who are counting on medical breakthroughs.

I am proud to be voting yes. I urge my colleagues to do the same.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, the American people understand—whether they are Democrats, Republicans, or Independents—that our healthcare system is broken; it is dysfunctional; it is failing.

We spend almost twice as much per person on healthcare—an unsustainable \$13,000 for every man, woman, and child—than any other country on Earth, and yet the results of all of that spending are abysmal. While the insurance companies and the drug companies make hundreds of billions of dollars in profit, we have 85 million Americans who are uninsured or underinsured and over 60,000 people who die every single year because they can't get to a doctor when they need to.

In this country, despite our huge expenditures, we don't have enough doctors, nurses, dentists, pharmacists, or mental health specialists; and our life expectancy is far lower than in most other countries, especially for working class and lower income Americans. In my view—and I think it is the view of

most Americans—healthcare is a human right, not a privilege, and we need major reforms to our current system so that every man, woman, and child in this country gets the quality healthcare they need regardless of their financial status.

The responsibility for reforming our broken healthcare system rests with the administration, and it rests with many Agencies of government, including the HHS; the CMS; the FDA; and the National Institutes of Health, the NIH, which plays a very important role in the development of new prescription drugs.

While the 10 largest drug companies made over \$112 billion in profits last year and while they pay their CEOs exorbitant compensation packages, 1 out of 4 Americans cannot afford to pay for the medicine they need, and thousands of families face financial ruin as they pay outrageously high prices for the prescription drugs that keep them alive.

Let's think about that for just 1 second. Millions of people in this country, every year, get sick. They go to the doctor, and the doctor writes out a prescription. Yet, because of the exorbitant price of prescription drugs in America, one out of four of those people cannot afford to fill that prescription. So what happens to those people? Well, they get sicker. Maybe they end up in an emergency room. Maybe they end up in a hospital. Maybe they die.

How crazy is it that, in the richest country in the history of the world, 25 percent of our people cannot afford to fill the prescriptions that their doctors prescribe?

But it is not just the high cost of prescription drugs that impacts individuals. In the largest hospital in my State, the State of Vermont—and I don't think it is terribly different elsewhere—the high cost of prescription drugs accounts for 20 percent of the overall budget of that hospital, and that drives insurance policies up. What we pay in the hospital impacts greatly the prices we pay for insurance.

In other words, the outrageously high cost of prescription drugs in America is a crisis situation that must be addressed. It impacts everybody.

Adding insult to injury, not only has the Federal Government not effectively regulated the price of prescription drugs, but the taxpayers of this country have, over the years, provided hundreds of billions of dollars in research and development into new prescription drugs that have provided enormous financial benefits to some of the most profitable drug companies in America.

For example, in America today, the median cost of new cancer drugs has gone up by more than 300 percent over the past decade even though 85 percent of the initial foundational cancer research is funded by U.S. taxpayers.

In June, the HELP Committee, which I chair, released a report that found that the average price of new treat-

ments that NIH scientists helped to develop over the past 20 years is over \$111,000.

In other words, we are spending a fortune in developing new drugs, but our people cannot afford the treatments that they pay for.

In virtually every case, American taxpayers are paying far more than people in other countries for the exact same medicine that the NIH helped to develop. Now, that may make sense to somebody, but it does not make sense to me.

Here are just a few examples from the report:

Astellas and Pfizer charge Americans with prostate cancer over \$165,000 for Xtandi while the exact same drug can be purchased in Japan for just \$20,000. Guess who developed that drug: American taxpayers.

Johnson & Johnson charges Americans with HIV \$56,000 for Symtuza while the exact same treatment can be purchased in the UK for just \$10,000. Guess who developed that treatment: American taxpayers.

Millennium Pharmaceuticals charges Americans with cancer \$54,000 for Velcade while the exact same drug can be purchased in France for just \$11,000. Guess who did the research and paid for that drug: the NIH and American taxpayers.

In other words, here is the insane situation: The American taxpayers fund the research for these drugs, but they can't afford the product that they helped create. Does anybody really think that makes sense? If American taxpayers help develop a drug, we should be paying the lowest price in the world for that product, not the highest. That has got to change. No prescription drug, no matter how effective and lifesaving it may be, is worth anything to the patient who cannot afford it.

In my view, at this crisis moment for American healthcare, we need an NIH Director who is prepared to take on the greed of the pharmaceutical industry and use every tool at their disposal to substantially lower the extraordinarily high cost of medicine in this country.

The 1,800 well-paid lobbyists from the pharmaceutical industry here in DC—it is almost 4 lobbyists for every Member of Congress—may not like it, but that is precisely what the American people want, and it is what they need. The status quo is not working. We need fundamental changes in the way that the NIH addresses the crisis of high prescription drug costs.

Dr. Monica Bertagnolli is an intelligent and caring person, but she has not convinced me that she is prepared to take on the greed and power of the drug companies and the healthcare industry in general nor is she prepared, in my view, to fight for the transformative changes the NIH needs at this critical moment. That is why I will be voting no on her confirmation.

With that, I yield the floor.

#### VOTE ON BERTAGNOLLI NOMINATION

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Bertagnolli nomination?

Mr. SANDERS. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. THUNE. The following Senators are necessarily absent: the Senator from Alabama (Mrs. BRITT) and the Senator from South Carolina (Mr. SCOTT).

The result was announced—yeas 62, nays 36, as follows:

[Rollcall Vote No. 293 Ex.]

#### YEAS—62

Baldwin	Hassan	Peters
Barrasso	Heinrich	Reed
Bennet	Hickenlooper	Romney
Blumenthal	Hirono	Rosen
Booker	Kaine	Rounds
Boozman	Kelly	Schatz
Brown	King	Schumer
Butler	Klobuchar	Shaheen
Cantwell	Lujan	Sinema
Capito	Lummis	Smith
Cardin	Manchin	Stabenow
Carper	Markey	Tester
Casey	Marshall	Tillis
Cassidy	Menendez	Van Hollen
Collins	Merkley	Warner
Coons	Moran	Warnock
Cortez Masto	Murkowski	Warren
Duckworth	Murphy	Welch
Durbin	Murray	Whitehouse
Gillibrand	Ossoff	Wyden
Graham	Padilla	

#### NAYS—36

Blackburn	Grassley	Ricketts
Braun	Hagerty	Risch
Budd	Hawley	Rubio
Cornyn	Hoeben	Sanders
Cotton	Hyde-Smith	Schmitt
Cramer	Johnson	Scott (FL)
Crapo	Kennedy	Sullivan
Cruz	Lankford	Thune
Daines	Lee	Tuberville
Ernst	McConnell	Vance
Fetterman	Mullin C	Wicker
Fischer	Paul	Young

#### NOT VOTING—2

Britt  
Scott (SC)

The nomination was confirmed.

The PRESIDING OFFICER (Mr. LUJÁN). Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

#### CLOTURE MOTION

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

The legislative clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Executive Calendar No. 28, Kenly Kiya Kato, of California, to be United States District Judge for the Central District of California.

Charles E. Schumer, Richard J. Durbin,  
Alex Padilla, Tim Kaine, Margaret